

**STO**



PUBLIC LIBRARY  
FORT WAYNE & ALLEN CO. IND

INDIANA COLLECTION



ALLEN COUNTY PUBLIC LIBRARY



3 1833 05344 562 0

**REFERENCE**















# FORT WAYNE MEDICAL MAGAZINE.

---

## EDITORIAL STAFF:

ALBERT E. BULSON, JR., B. S., M. D., MANAGING EDITOR,  
19, 20, 21 Pixley-Long Building.

MILES F. PORTER, A. M., M. D.,  
47 West Wayne Street.

BUDD VAN SWERINGEN, M. D.,  
26 West Wayne Street.

GEORGE W. MCCASKEY, A. M., M. D.  
107 West Main Street.

FRED J. HODGES, B. S., M. D.  
Anderson, Indiana.

---

VOLUME IV.

---

FORT WAYNE, INDIANA.

1896.

*W. D. PAGE,*  
**PRINTER.**

—  
FORT WAYNE, IND.

511169

# FORT WAYNE MEDICAL MAGAZINE.

---

VOL. IV.

JANUARY, 1896.

No. 1.

---

## ORIGINAL ARTICLES.

No paper published or to be published elsewhere as original will be accepted in this department.

---

### TREATMENT OF TUBERCULOSIS.

BY J. C. CULBERTSON, M. D.

Professor of Principles and Practice of Medicine in the Cincinnati College of Medicine and Surgery, Member of Medical Staff, Cincinnati Hospital.

It may be assumed as an axiom in our therapeutics that tuberculosis is curable in proportion to the size of the tubercle deposit and the resisting power of the individual. Of the latter it may be said that in the vast majority of people, the resisting power of the individual amounts to a condition of positive immunity. If this were not the case, mankind would long ago have ceased to inhabit the earth, so general is the dissemination and presence of the tubercle bacillus.

Furthermore, the spontaneous cure of local tuberculosis is no doubt an every day occurrence.

An abrasion or irritation of the mucous membrane within the bronchial tubes furnishes a field for the reception and fructification of the tubercle bacilli, but fortunately the individual in most instances has sufficient vital resisting power to withstand the aggressive tendencies of the poison.

So much being determined, there comes to us in the proposed treatment of the disease a realization that success must depend upon the bringing about of conditions of resistance not present as a potent factor in the individual.



Primarily it is common knowledge that tuberculosis is a wasting disease, and as asserted in our axiom, is amendable to treatment in proportion to the extent of the deposit.

In the diagnosis of incipient phthisis, the very first manifestation of the presence of the bacillus is therefore a matter of great importance to the individual, as it means an easier ability to cope with the enemy.

In cases where the disease finds a receptive soil there is no doubt a hypersensitive condition of the nervous system of the individual. This may or may not amount to an observable neurosis, but attention being directed to the subject, it may nearly always be discovered.

In this there may be found an actual condition of nervous degeneration which enfeebles the resisting power of the individual.

This will satisfactorily aid us in determining the cause of tuberculosis in a large proportion of the inmates of insane hospitals and other eleemosynary institutions.

Such inmates being in some degree neurotic degenerates, and therefore furnish fields of susceptibility and propagation to the tubercle bacillus.

One of the influences of the bacillus is to produce a condition of excitation of the sympathetic nervous system, hence, the early manifestation of fever, and the presence of the fever disturbs the normal functions of every part of the body. To enhance the resisting power of the individual, the first thing is to inquire into his sanitary surroundings. These should be made as favorable as possible. Which may involve a consideration of change of residence, abandonment of business, home, friends, etc. All of which are matters of grave thought on the part of the patient and physician. Climate changes may hold out hopes of long life and enjoyment of health, but in a vast number of cases such changes are not possible, and their consideration is only to be entertained as a speculation. Falling back upon what may be accomplished through local and home resources, cognizance should be taken of the neurotic element. If this has been strung at high tension, or has been lowered

through degeneration, there is a demand for a slowing down and strengthening treatment. In degenerates a recuperative process must be inaugurated if possible. In either case there must be a careful consideration of the condition of the stomach and other portions of the alimentary tract.

Very often the first stumbling block in treatment of pulmonary tuberculosis is found in a weak or diseased condition of this channel, and attention to an improvement of these viscera will claim primary attention, along with the faulty condition of the nervous system. Lavage or washing out of the stomach once a day may often be practiced with good results. All possible aids for strengthening and stimulation of the digestive functions are to be brought into requisition, along with tonics for the nervous system.

One thing being borne in mind all the time, and that is, to effect an increase of the patient's resisting power to the aggressive inroads of the disease.

The stomach being brought into as good condition as possible for the performance of its normal functions, it should be nursed by an ingestion of easily assimilated and digestible foods that are ultra nutritious, and these should be pushed to the verge of toleration. There are two articles of diet to be most highly prized in this relation and which are within easy reach in all sections of our country, fresh new milk and fresh eggs are referred to.

All persons do not readily take one or the other, but rarely is there any one who cannot take either one or the other, and most people relish both.

In giving directions, say to the patient and nurse, the former is to have a good wholesome breakfast. Potatoes are not very digestible and may be eaten only to a limited extent, or better not at all. Coffee, ham, steak, chops, bread and butter and fruits. The meal being completed, having been slowly eaten, the patient should have in addition a good sized glass or goblet of new milk, or as fresh as it can be procured. Then every hour the yelk of a fresh egg. This is easily swallowed by being separated in an unbroken condition from the



white. About 10 o'clock an additional big goblet of milk, which may be enriched by an addition of cream.

The midday meal to consist of the ordinary family dinner, after which the patient should be given a large glass of rich milk. In an hour the yolk of a fresh egg, and one every hour until evening or bedtime. At 3 p. m. a glass or more of rich milk. The family meal at supper, and after it a glass of rich milk. If it seems necessary to assist the stomach in its functions, some pepsin or diastase may be given as required.

The nervous system is to receive attention through an administration of from  $\frac{1}{30}$  to  $\frac{1}{20}$  of a grain of strychnine every four hours.

Tuberculous patients tolerate large doses of this remedy very well.

The special nutrients referred to, milk and yolk of raw eggs, may be regarded as perfect foods for sustaining purposes, are easily digested and furnish a minimum amount of waste with which to clog the intestines. It will be observed that they are given as so much supplementary to the ordinary meals, and their purpose is to cause the function of nutrition to overtake and pass by the waste drafts of disease action.

So long as tolerated this method of treatment is to be maintained. If the stomach revolts, other resources must be sought, always bearing in mind the axiom that the disease is curable in proportion to the size of tubercle deposit and the resisting power of the patient. As to environment, out of door life, with moderate physical exertion, is to be commended. Over exertion and exposure to inclement weather are to be avoided. Advanced cases should not be sent away from home, and it may be truthfully stated that no case is absolutely hopeless. For some do recover where large cavities have formed and expectorations of pus were profuse.

When suppuration has begun the nucleins are valuable. Just how valuable has not yet been determined, but they are deserving of much study and further observation.

Creosote has been vaunted for its curative powers. It has a prominent place in our therapeutics. It is useful in many



cases, as are the hypophosphites and in a few cases cod liver oil. The remedies suggested and tried are almost coequal with the materia medica.

For the fever or hectic, it is well to direct that the patient be freely sponged with common whisky, or spirits of camphor. This is also of much value in assisting to control the weakening night sweats.

For nauseant stomach and intestinal diarrhoea, the latter a symptom of tuberculous ulcer in the alimentary tract, give beta naphthol in ten grain doses frequently repeated. As a disinfectant of the stomach and bowels it is of very great value. Perhaps not so soothing as bismuth, but in most cases far superior as a potent remedy. It may also have the power of destroying the bacillus, but of this am not now able to speak with assurance.

Serum therapy is attracting much attention as a means of producing conditions of immunity, and of destroying the bacillus tuberculosis after it has become located and is sapping the vitality and life of the individual. The serum treatment is no doubt valuable, but how useful has not yet been determined except in the minds of a few investigators who have an enthusiastic temperament.

Serum products drawn from the ass are now under observation. This animal is not susceptible and it is said cannot be inoculated with tuberculosis.

In hemorrhagic cases, aromatic sulphuric acid may be given in 15 to 25 drop doses in a wine glass of water as often as indicated, care being exercised to not give it close in time to a drink of milk. This remedy seems to have a beneficial influence in control of night sweats.

The purpose of this paper is to lay stress upon the value of hyper-alimentation, and to direct attention to a neurotic condition and its treatment for the cure of tuberculosis.

The same principles of treatment pertain no matter where the disease is located.

Thus far I have omitted any reference to the cough, so generally present. In most instances where the larynx is not

involved by a localization of tubercular ulcers, the cough is of a reflex character and generally may be controlled by giving oxalate of cerium in from 5 to 20 grain doses, repeated as often as seemingly required. Avoid opium in every shape and form, because of the derangements produced by it in the alimentary tract. The bromide preparations may be substituted for the cerium. It is an antispasmodic remedy that is sought.

---

### THE PHYSICIAN'S DUTY.\*

BY W. S. FRANCIS, M. D.

Marion, Ind.

In seeking a subject upon which to write a paper, the physician of average ability finds the field so thoroughly gone over by others of superior talent, that he shrinks from the task, particularly when confronted by the thought that his efforts may not arouse interest, and may provoke ridicule. This is the only excuse I have to offer for keeping aloof from a technical medical subject and dwelling upon some of the incidental and business environments of the physician. Presuming no one will doubt that the profession in toto does not occupy as high a plane in the public estimation as it did half a century ago, and hazarding the assertion that even commercially we are growing more and more lax, I believe it opportune to inquire into the causes.

In view of the magnificent achievements wrought by the scientists of our profession during the last two decades, and in the light of the additional requirements from their matriculants and graduates made by all the reputable medical schools, and of a healthy tendency on the part of the profession itself to elevate its standard, it is difficult to interpret the causes that are operating to depreciate us in the eyes of the public. Nor is it sufficient to dismiss the subject of the public's approval or disapproval by quoting the elder Vanderbilt's more or less famous but inelegant expression, "The public be damned."

From time immemorial there has been fostered a sickly

\*Read before the Delaware District Medical Society, at Gas City, Ind., Dec. 17, 1895.



sentiment to the effect that great erudition, no matter in what vocation or profession, carries with it an inevitable tendency to disregard temporal things, and instances could be multiplied of individuals who, when they began to develop symptoms of incipient greatness, at once set about cultivating eccentricities of dress, habits, inattention to monetary considerations of every kind, indisposition to accumulate, total disregard of financial obligations, etc. Unfortunately a fair proportion of that sort of cranks have set up housekeeping within our ranks and menace our respectability by their self-constituted and cultivated oddities.

That there is no nobler sphere than that of the physician needs no argument. That the man who devotes a life time to the alleviation of human suffering challenges the admiration of heaven, is axiomatic. That, as a profession, we are climbing up the ladder and are entitled to higher regard than we are receiving, no really intelligent man will deny; but it is lamentably true that the public—the source from whence comes our patronage and support—has an increasing tendency to depreciate rather than to appreciate us.

The lax laws of this and other states concerning the requirements for medical practice, operate to turn loose upon an unsuspecting people a horde of charlatans and impostors which becomes a component part of that conglomerate mass, by common consent called the medical profession. By this admixture the whole is diluted, attenuated, perverted and stamped with the seal of ignominy. The capable and deserving suffer by this legalized influx, and the profession is judged by the sum of all its parts.

For adverse legislation—or none at all—the profession is measurably or entirely responsible. If the regular physicians of this great state would unite and go shoulder to shoulder in advocacy of wholesome laws for the regulation of medical practice, their avalanche of influence would be irresistible, and practical compliance with their demands would be inevitable. So long as we sit demurely by and permit a law to disgrace the statute books that creates a county clerk the arbiter of a candidate's



fitness for practice, we must continue in our efforts to gather figs from thistles. While upon the subject of legislation it might not be out of place to observe that a great and enlightened state like ours, that appropriates *four* thousand dollars per annum to the State Board of Health for the care and protection of the health of its people, and at the same time sets apart *six* thousand dollars per annum for analagous attention to its horses, cattle and hogs, is in crying need of the education that our profession alone can give, and of which there is such a dearth.

While trying not to be pessimistic I can not close my eyes to the fact that the tendency of legislation, in the matter of conditioning practice, is always against the public's interest, and that this unhealthy sentiment serves to bring us into disrepute. When we decide to rid ourselves of this stigma we will unite in formulating and propagating legislation that will cure the evil. Where is the medical man of repute that does not bow his head in shame when he acknowledges his allegiance to a profession that by the fiat of law has thrust upon it a *compulsory brotherhood*, the majority of whom are alien to any knowledge of the craft and to honor and decency?

The disposition that has come into vogue in recent years to cater to specialism, has had both its salutary and baneful influences upon the profession. No sane man can doubt that the concentration of a mind upon a single subject, with years of attention to and study of that subject, will yield vastly greater proficiency than could be attained with a multiple subject; and many of the brilliant results that have been reached, and of which we are all so proud, have come through the avenues of specialism. Thus far, there can be nothing said except in praise, but unfortunately there is another side to this picture. The specialist often sails along in the craft labelled "Regular" until he gets to the point where he believes he has outgrown the necessity for support, when, moved by a spirit of self aggrandizement, he begins catering to all kinds of tadpole doctors, with a view to getting their patronage. Mark the result! Being a giant, if you please, in his specialty, and hav-

ing received the enconiums of the public through the medium of covertly advertising his skillful operations or procedures, he openly courts the graces of the ragtag and bob tail of the profession, that they may refer their special cases to him, trusting in his greatness to keep himself within the pale of the societies and not be deposed for contempt. Meantime the public reasons that if the great Dr. Smith can find justification in consorting with Doctors So and So, who are under the ban of the so-called regular profession, that the antagonism of the latter must be instigated entirely by motives of jealousy. God speed the ethical specialist, but I have no words sufficiently strong to express my contempt for him who, under the guise of especial knowledge of some particular subject, uses the powers thus acquired for hypocrisy.

The question of the commercial and business equipment of the physician is a vastly important one and one upon which he is seldom balanced. The dawn of a glorious day will appear resplendent in the horizon of the medical fraternity, when, by a united sentiment and concerted action, we disabuse the public mind of the fallacy that we were born to slavery, or have acquired serfdom. It may be a beautiful story—the one of the physician who, good samaritan-like, goes about a whole life time doing good here and relieving suffering there, without hope or desire for recompense—but it is senseless and unnatural, as well as uncalled for and unjust. No one but ourselves have taught the public to believe that somewhere there is a law, statutory or divine, written or implied, making it obligatory to respond to every call, without even the baseness of a thought of remuneration. So long as we, by word or act, subscribe to the monumental folly that the matter of pay is secondary and inconsequential, so long may we expect the public to push us one step further down the ladder of popular appreciation.

The compulsory adherence to an established fee bill by the societies will be a long step toward challenging public respect. The man who places a fair estimate upon the value of his services, and then emphasizes it by requiring his patrons to



conform to it, will stand higher in the community than he who is ever ready to make a gratuitous tender of his good offices. What costs little is usually of little value. Neither does all this contemplate that the doctor should turn a deaf ear to the cries of distress, nor steel his heart against the demands of charity. Inured, as he is, to the woes of humanity, and having the intuitive contour of his disposition in the direction of the relief of suffering, little fear need be entertained that his sensitive ear will fail to catch the refrain of grief or that his heart will not go out to those in need.

A forbearing and fraternal spirit, as between physician and physician, is an imperative necessity, for if we have no respect for ourselves and for each other, there are no grounds for exacting respect from others. The "holier than thou" physician is a barnacle. He who wraps his imaginary robes of purity about his immaculate person, and, like the Pharisee, stands afar off and exclaims, "Lord I thank Thee that I am not created as other men are," may expect to receive the condemnation that he so richly merits.

The doctor's patrons justly demand of him probity, honor, truthfulness, professional secrecy, neatness of dress and personal cleanliness. The lack of personal cleanliness is criminal, and yet, how many times is the incongruity observed, of a surgeon or accoucher, carping about the beneficence of anti-sepsis while his finger nails, linen and clothing wreak with filth. To preach is one thing, to practice is quite another, but until the two are brought to a parallel for public inspection we can lay no claims to consistency. Napoleon III. said, "Let me write the books for the youth and compose the songs for the people and I will make France such an empire that the Mediterranean Sea will be known only as a French lake," thus signifying that upon the education of public sentiment depends the force or failure of a measure.

The banishment of local professional jealousy, that has come to be regarded as proverbial; the cultivation of a disposition to aid and encourage each other; a broad liberal attitude toward members of the craft; the adoption of sound business



principles in the conduct of the commercial part of our work; fidelity to those wholesome laws of ethics that were laid down years ago by those patriarchs of our profession, that builded even better than they knew; the commission of our united efforts to secure much needed legislation; the exemplification of our faith in the noblest profession known to man, by untiring devotion to its needs and necessities, will herald the dawn of that medical millenium, of which it were written, that "brothers should dwell in unity."

---

### WINE IS A MOCKER.\*

BY JAS. W. SQUIRES, M. D.

Churubusco, Ind.

From a careful review of the many scientific demonstrations and investigations regarding the effects of alcohol upon the human system, that have been made in the last few years, we arrive at the conclusion that the world as a unit has not heeded the solemn warning, "Wine is a mocker and strong drink is raging, and whosoever is deceived thereby is not wise."

Alcohol in its many and various forms, from the 4 per cent. as found in lager beer to the chemically pure spirit, has been recognized for hundreds of years by the medical profession as a stimulant and tonic of first importance. Upon this one point all schools, creeds and pathies have been united. But fortunately many of the doctors who considered alcohol the one stimulant of all are now dead, though unfortunately their mistakes were not buried with them and the effects of their teaching and practice is seen in the generations that follow them.

Insanity has increased in this country during the past one hundred years to an alarming extent, and I believe the alcohol, opium, chloral and cocaine cranks are largely responsible for this sad state of affairs; not through any intentional wrong, but from the fact that the teachings that have been handed down as a legacy have been worse than folly, though accepted with that all abiding faith which knows no wrong.

\*Read before the Whitley Co. Med. Society at Columbia City, Oct. 29, 1895.

The mistakes of medical men are shared by the laity, and as a result we find alcoholic beverages recommended for all of the variations in the physical, mental and moral conditions of man. As an example, we find some men who think they can't bear the piercing winds of winter unless their skins are filled with whiskey—whiskey being the most popular cold weather stimulant. These men forget that all of our celebrated arctic explorers, who have passed many months in lands of perpetual snow and ice, have abstained from alcoholic beverages of any and all forms. Some men think they can better stand the burning sun of Summer if their stomachs are full of lager beer, not knowing, perhaps, that beer drinkers furnish 98 per cent. of all the sun-strokes in the cities of this country. It is also thought by some that alcohol stimulates physical endurance, though it has been conclusively demonstrated that in such feats as boxing, wrestling, running, rowing, swimming, etc., alcoholic beverages lessen physical endurance. We will add to this that it is the students who abstain from all alcoholic beverages who stand at the head of their classes in college, and that in the office, the farm or the factory it is the total abstainer who does more and better work, enjoys life more, and lives healthier and longer than those who are considered even "moderate drinkers." The statistics of life insurance companies show that total abstinence men live longer, and experience and observation warrants us in asserting that they live happier, make better husbands, fathers and citizens, and have more friends.

Some people declare that alcohol is a food, and a fat and pussy German will declare that he can live indifferently and enjoy good health upon a diet of lager beer alone. We call his attention to the statement of one of his countrymen, Baron Liebig, who is considered Germany's most distinguished naturalist, scientist and chemist: "If a man drinks eight to ten quarts of the best Bavarian beer, a very liberal allowance of the best beer in the world—so generally accepted and recognized—in the course of twelve months he would have taken into his system the nutritive constituents contained in one



five-pound loaf of bread." If a man must take a whole year and drink twenty-three barrels of beer to get into his system the nutritive constituents contained in a five-pound loaf of bread we are certainly not warranted in giving beer the slightest consideration as food.

That alcohol does not stimulate the nervous system to keener and quicker perception is attested by many observers and authorities. Dr. E. A. Parks, of London, Eng., says: "In most persons alcohol acts as an anesthetic, lessening the rapidity of impressions, the power of thought and the senses; in no case has it been demonstrated to increase power of sight, quicken sense of hearing, taste, smell or touch." Prof. Edward Smith's scientific experiments show that alcohol diminishes all the senses in exact proportion to the quantity consumed. Dr. Houre states that he has proved experimentally that it takes under normal conditions two tenths of one second for the nervous system to convey an impression from the end of the toe or the tip of the finger to the nervous centers in the brain and back again, but that when one half ounce of brandy was given, it so anesthetized, so benumbed, so paralyzed the nervous system that it took three tenths of one second to convey the same impression; and we feel safe in saying that this paralytic effect would continue to increase indefinitely in about the ratio of the square of the quantity taken to total anesthesia—(dead drunk.) I knew a man who drank a quantity of whiskey and then laid down by the side of a pile of burning logs. He was so badly burnt that both legs were amputated below the knees, and had he lain parallel to the log heap he undoubtedly would have been cremated alive—dead drunk—anesthetized.

Many doctors think they cannot treat acute infectious diseases, especially diphtheria, without alcoholic stimulants, and the extent to which this fallacy is practiced is astonishing. Dr. Rabot, of Lyons, in commenting upon the mortality from diphtheria, states that in 1893 the mortality in one hospital was 50 per cent. *without* antitoxine treatment, while in 1894 the mortality in the same hospital was 34 per cent., *with* antitoxine treatment, and he significantly adds, "no alcohol was given."



We might suggest that possibly the more favorable outcome in 1894, bad enough as it was, was probably due to the omission of alcohol in the treatment, and we may even insinuate that the result might have been equally as good, and possibly better, had the antitoxine also been omitted.

One of England's famous and successful physicians, Lawson Tait, of Birmingham, was once asked if he ever gave his patients alcohol. He replied, "Never, unless I know they are going to die, and then only to give them an easy death."

Reliable hospital reports show that the mortality from pneumonia has been higher during the past ten years than at any time during the preceding seventy-five years. This increased mortality is attributed to the administration of the coal-tar products and their compounds, and I presume to a more liberal administration of alcohol. The *Medical News* says: "The rate of mortality in pneumonia in the larger hospitals of this country is rarely below 25 per cent. and more often above." The Cincinnati Hospital report of 1886 records a mortality of 38 per cent. under a mixed alcoholic treatment. The mortality of the Cook County Hospital for 1889, according to Dr. Henrotin, shows a mortality of 36 per cent. When we realize that these reports show such an alarmingly high rate of mortality, and consider that the treatment consisted of the administration of such depressants as alcohol and the coal-tar derivatives, the only wonder is that the mortality was not even higher.

Bellevue Hospital reports a mortality of 22 per cent. from typhoid fever under alcoholic treatment and but 6 per cent. under a non-alcoholic treatment. Cook County hospital reports a mortality of 17 per cent. from typhoid fever in 1889 (161 cases) under an alcoholic treatment, and the Garfield Memorial hospital a mortality of 22 per cent. under similar treatment.

Dr. Kellogg, of Battle Creek, Michigan, states that eight experienced and unusually capable physicians, to whom he applied for a report of the results from the non-alcoholic treatment of the more severe acute diseases, gave the following statistics: 827 cases of la-grippe, one death, mortality  $\frac{1}{8}$  of 1

per cent; 285] cases of typhoid fever, six deaths, mortality slightly over 2 per cent.; 202 cases of pneumonia, 4 deaths, mortality 2 per. cent.; 83 cases of scarlet fever, two deaths, mortality 3 per cent. These extraordinary low rates of mortality are not] wholly attributed to the non-use of alcohol, for the patients were placed under favorable hygienic surroundings and furnished with trained nurses.

When we consider the progress that has been made in the last few years in the treatment of diseases, and the favorable results that in many instances have been obtained without the customary administration of alcohol, it is but rational to predict that the time will come when alcohol in the treatment of disease will have been relegated to the past. Eminent scientists and chemists have conclusively proven that alcohol in any and all of its forms, under any and all conditions, is injurious to the human economy, and in the face of this evidence it is time that the progressive, scientific and conscientious physician adopt as his motto "I will not use alcohol in my practice nor suffer it to be used in the practice of others if I can prevent it."

---

## MODERN TREATMENT OF BLENNORRHOEA AND ITS SEQUELAE.\*

BY CARL PROEGLER, M. D.

Fort Wayne, Ind.

Since the discovery of the gonococcus by Neiser (Goselon, Noegerath, Saenger and Fuerbringer) drew renewed attention to the grave consequences of gonorrhœa, physicians generally have devoted themselves to the elaboration of a more rational treatment of the same to replace the empirical management of these cases then in vogue.

There is quite a difference of opinion as to the curability of the disease, some claiming to abort an attack in a few days, while others, as Noegerath, now deceased, assert its incurability. The development of a simple gonnorrhœa into a chronic form is not very rare.

\*Read before the Allen Co. Med. Soc., December 17, 1895.



To Neiser belongs the credit of having demonstrated the infectious character of the gonococcus; he has also shown that gonococci are capable of infecting without manifesting any outward signs and that they become so deeply embedded in the deeper tissues that it is difficult to reach and eliminate them.

Sometimes the gonococcus is found wandering far away from its original habitat and we cannot wonder that some authors are speaking of a lues gonorrhœica, when we see that iritis, choroiditis, sciatica, tendo-vaginitis, arthritis, endocarditis, purpura gonorrhœica are caused by gonorrhœa, and that gonococci have been found in the blood. Whether we have here to deal with a metastatic process or a thorough infiltration of contagious germs throughout the body is still in doubt. A mixed infection is also to be borne in mind, as gonococci favor other pathogenic micro-organisms.

On account of the multiplicity of gonorrhœic affections, a diathesis may be thought of, but generally speaking, we are obliged to consider the disease a local one and all complications arising therefrom as a series of inflammations caused by the germ. Before entering into the discussion of therapeutic measures and considering the different infections, we shall devote our attention to the gonococcus itself.

In a number of cases microscopical examination may be dispensed with, but as a rule such an examination is essential for watching the therapeutic effects of the remedies employed, and also to see if there is any spreading of the contagion. Examinations have to be made with a good instrument—Abbe's condenser and oil-immersion lens 1-12—as with lower powers nothing can be seen. A small amount of pus furnished by the patient is spread on a cover-glass, put through the flame of a Bunsen burner, dried, and colored with a 1% solution of methylene blue or eosine, the superfluous staining fluid being taken up with some good blotting paper. It is then mounted with a drop of Canada Balsam and examined. The cocci are seen in characteristic round groups around the nucleus of the pus cells, resembling rolls or beans of coffee. As there are similar diplococci, it is of importance to see the groups arranged in



clusters, as this appearance has been said by Neiser to be characteristic of the gonococcus. There are other methods of staining and differentiating but being beyond the scope of this paper no mention will be made of them.

After the discovery of the gonococcus, Neiser went to work to find remedies to destroy the same, and it was found that the gonococcus had quite a resistance to most of the chemical agents. Among the remedies which it could not resist any length of time, it was found that corrosive sublimate, creosote, nitrate of silver, and later formalin were the most useful drugs to be employed. There are legions of remedies mentioned almost every day for aborting an attack of gonorrhœa, but most of them are wanting in the anti-mycotic power to destroy the micrococcus without injury to the mucous membrane of the urethra. Then, too, the emigration of the gonococcus into the papillar body is so rapid that it would be necessary to use the bichloride or nitrate of silver solution within 18 to 24 hours post infectionum, which is rarely possible from the fact that physicians are not called upon to treat gonorrhœa until the druggist around the corner and the patient's friends have exhausted their resources first.

As soon as the gonococcus has invaded the deeper tissues no medical agent is capable of arresting the progress of the disease, and for this reason we will seldom be in a position to abort an attack, the most that we can do being to deprive the gonococcus of a nourishing soil, and to do this we have to use antiphlogistics and astringents, together with antimycotics in weak solution. The pus secretion of gonorrhœa contains, besides the pathogenic cocci, quite a number of other cocci and bacilli which are liable to complicate the disease. They are not destroyed by the use of anti-bacterial and anti-bacillar remedies, but their virility is weakened and by so doing we are gaining ground. In the first stage of an acute urethritis, to expect the most of a specific treatment, we have to be particularly careful not to use anything irritating, because violent reaction may occur. All injections into the urethra have to be

avoided as long as there is inflammation and swelling, especially in the glans penis, and acute pain.

As already stated, there are other pathogenic microbes which make their appearance in the mucous membrane of the urethra and they are sometimes infinitely worse than the gonococci.

In the first stage then, antiphlogistics, cold compresses, bland diet, cooling and demulcent drinks, mild cathartics, and morphine or other quieting sedatives for the pain, are indicated.

In the second stage more energetic measures have to be employed for combating the catarrhal affection. The injections may be made with a common hard rubber syringe or with a Guyon's, Fenger's and other makes of catheters. Most of these catheters are soft and a continued stream reaches the inflamed mucous membranes. This treatment can only be employed in anterior urethritis.

On account of the musculus compressor urethrae any further introduction of fluids is prevented by reflex contraction.

Diagnosis in these cases is made by sampling the urine. It is usual that the first part of the urine is less cloudy than the second. Pus forming posterior to the compressor urethrae runs toward the bladder and clouds the urine. In gonorrhœal cystitis the second part of the urine is always more cloudy than the first. After sedimentation of the urine, which can be accomplished by time or the centrifuge, a specimen from the sediment is taken up with the pipette and examined according to bacteriological rules.

Irrigation of the posterior urethra is best accomplished with Ulzmann's deep urethral springe. All injections have to be made strictly antiseptically else we might drive out Beelzebub by the devil. In all these cases, it is best that the physician use the injection for the patient. All syringes and catheters should be thoroughly boiled and afterwards placed in a solution of listerine, the asbestos on the piston of the syringe (only such ought to be used) is run through the flame of a Bunsen burner for a few minutes.

The following are the injections most commonly used:



Nitrate of silver,  $\frac{1}{3}\%$ ; salicylate of soda, 1%; resorcin (Merck's), 3%; hydrate of chloral, 2%; sulphate of thallin, 2%; boracic acid, 3%; creosote,  $\frac{1}{2}\%$ ; bichloride of mercury,  $\frac{1}{1000}\%$ . Any pain caused by the injections or any irritation whatever arising ought to call for their discontinuance or less frequent application; generally once a day is sufficient. Denuded epithelium always results in a new migration of the cocci and demands remedies to heal it and also to destroy other pathogenic microbes. Solutions of hypermanganate of potassium  $\frac{1}{3}\%$ , acetate or sulphate of zinc  $1\frac{1}{2}\%$ , tannic acid 2%, may here be used.

Among the other unpleasant symptoms which arise in blennorrhœic urethritis we may mention chordee, seminal emissions, blennorrhagic hematuria and strangury. For the latter a  $\frac{2}{3}\%$  solution of cocaine injected into the urethra is generally sufficient, or a  $\frac{1}{3}\%$  solution of atropine to about half an ounce of water slowly injected into the bladder may also be used with advantage. For erections and seminal emissions suppositories of chloral or enemas of bromide of potassium are indicated. In my hands lupulin in doses of 5 to 10 grains has proved to be the best remedy. In hematuria prolonged cold injections with the psychrophore of Wolf or Winternitz, or a soft catheter which remains in situ for 24 hours or longer, generally controls the bleeding. All other injections as bismuth, salol, iodoform, carbolic acid, etc., are to be avoided; they irritate and give rise to calculi.

Internally we may give with advantage ethereal oils, as they are eliminated through the kidneys, prevent decomposition of the urine, and are also capable of destroying the gonococcus. I may also mention large draughts of cold or warm water; in a good many instances they irrigate the bladder and urethra better than many artificial means.

Complications arising from urethritis, as deferentitis, epididymitis and reflex spasm of the urethra are best treated with internal remedies, as for instance, sandal-wood oil, balsam copaiva, sulphate of thallin, benzoate of sodium, etc., in suitable doses. In endometritis gonorrhœica the same precautions



already mentioned are to be taken. In a case treated by me, a too concentrated solution and too early injection caused a most violent uterine colic and a most profuse discharge. In both cases secretion may enter the tubes. In these cases the mucous membrane of the cervix is very much swollen thus interfering with its exit at this point and damming it back upon the tubes which it penetrates giving rise to salpingitis, perimetritis and peritonitis which may endanger life. For pain cocaine injections and also the other injections before mentioned are here used. The injections are best made through a glass speculum and to be quite sure that nothing is retained in the uterine cavity all the fluid is withdrawn again by the same syringe.

For conjunctivitis in the new-born 1 to 1,000 solution of corrosive sublimate or a 2% solution of nitrate of silver applied to the eyelids with a camels hair brush may be used with advantage. The new-born may also suffer from a rhinitis gonorrhœica and cases are also recorded where infection was carried from the conjunctiva to the canalis naso-lachrymalis. Later gynæcological works even mention gonorrhœal urethritis and vulvitis in the new-born.

Treatment is here carried out on strict ophthalmic and rhinological principles. In primary affections of the vestibulum vulvae, vagina and scrotum the same solutions already mentioned are to be employed.

Primary affections of the urethra are funiculitis, deferentitis, epididymitis, cystitis and pyelitis. Epididymitis and funiculitis in men, and salpingitis and oophoritis in women are the most interesting. They generally develop together. Obliteration of the vasa deferentia and seminal tubules produce azoospermy, and inflammation of the ovaries is liable to produce cessation of menstruation and ovulation. Fuerbringer of Berlin paid the most attention to these complications and according to his azoospermy is not always caused by double epididymitis, but if we do not find any spermatozoa for a period of three months, absolute and permanent sterility is the result. In women double salpingitis causes invariably sterility. Epi-

didymitis is therefore a very grave affection. Once established absolute rest and extreme watchfulness is necessary to prevent any unpleasant sequellae. The scrotum should be elevated, and this is best done by a towel snugly wound around the thighs. Applications of ice, strict diet and regulations of the bowels are here to be enforced. Pain has to be relieved by opiates in suitable doses. After the inflammatory stage has subsided, bandaging the scrotum with adhesive strips, painting with iodoform collodion, and also careful massage are indicated. If any fluid has been developed in the tunica vaginalis aspiration is indicated, and in pus formation incision should be made.

Chronic gonorrhœa or gleet is always caused by neglect of the first stage, and it may be put down as an axiom that in most cases of gleet strictures supervene. Treatment in these cases consists in diminishing the discharge, which is even after years very virulent. All medication ought to be local as internal medication does not accomplish very much. The essential forms of chronic gonorrhœa in the male are urethritis complicated by prostatitis and spermacystitis, and in the female oophoritis chronica. Of prime importance is it to find the seat of a urethral discharge, and this may be accomplished in the majority of cases by the bougie-a-boule (acorn) of Otis and others, and in extreme and intractable cases by the endoscope. Of the latter treatment I shall not speak in this paper. The trouble most generally lies in the posterior urethra. Local applications of astringents and progressive dilation of the urethral canal with the above mentioned bougies are here to be used. Ulzmann's and Guyon's deep urethral syringes are the instruments I generally use. Of all the remedies to be employed nitrate of silver and formalin are the foremost; the former in  $\frac{1}{2}\%$  solution and the latter 1 to 500.

Injections ought to be used in the chronic cases only once a week, alternating with dilatation and strapping or milking the vas deferens and seminal vesicles, as practiced by Belfield of Chicago at his clinic. To accomplish this procedure the patient is laid on the side and the well-oiled finger is intruded into the rectum. The vas deferens and seminal vesicles are then



emptied by pressure and in most cases the discharge escapes through the urethra; upon microscopical examination this discharge is seen to contain principally the specific cocci, which illustrates the wanderings of the same.

The chronic suppurative inflammations of the prostate, urtricle and seminal tubes, which may date from gonorrhœal infections, are less easily recognized, yet the swollen and sensitive tissues between the bladder and rectum are as distinctly identified by the practiced finger as is the same condition in the homologous tissues of the female, the broad ligament and contained tubes. For prostatorrhœa gonorrhœica and spermato-cystitis Fenger uses suppositories of iodide of potassium, pure iodine and belladonna. A metallic tube 12 to 14 cm. in length, containing warm water, is also used by him, and he asserts that even in protracted cases he effects a cure.

Oophoritis gonorrhœica should be treated according to the principles of gynæcological practice.

---

### HOW TO FIND OUT IF A CASE OF GONORRHOEA IS ACTUALLY CURED.

Dr. Craft (*La Semaine Medicale*, No. 49, 1894,) of Utrecht, Holland, has a very ingenious and at the same time efficacious method of testing whether in a given case of gonorrhœa an actual cure has been obtained. As is known, nothing is more difficult than to be able to say whether a gonorrhœa which has ceased to discharge has really and definitely been cured. The cessation of discharge, the absence of gleet and agglutination of the lips of the meatus are of no proofs that the disease is not present, though latent, and still virulent enough to be transmitted by coitus. In such cases the physician may be placed in an embarrassing position. For example, a patient who has a gonorrhœa and is about to marry, asks his physician whether he is completely freed from his disease and without danger of contaminating his wife. In such cases Dr. Kraft has the patient drink a quart and a half of beer, while he injects into his urethra a two per cent. solution of sublimate. If he is actually cured no reaction follows; if the contrary is true a discharge will be set up, which sometimes does not appear for forty-eight hours.



# SOCIETY PROCEEDINGS.

---

## DELAWARE DISTRICT MEDICAL SOCIETY.

The thirty-eighth regular meeting of the Delaware District Medical Society, held under the auspices of the Grant County Medical Society at Gas City, Indiana, December 17, 1895, was called to order at 10:30 o'clock a. m., the vice president, Dr. J. C. Knight, of Jonesboro, in the chair. The minutes of the previous meeting held at Winchester in June, 1895, were read by the secretary, Dr. F. J. Hodges of Anderson, and approved by the society. The following members of the society responded to roll call: Dr. L. H. Conley, Gas City; Dr. J. T. Dickes, Portland; Dr. A. H. Farquahar, Ridgeville; Dr. Wm. J. Fairfield, Anderson; Dr. W. A. Fankbonner, Marion; Dr. W. R. Francis, Marion; Dr. J. B. Garber, Dunkirk; Dr. Geo. R. Green, Muncie; Dr. S. S. Hoene, Jonesboro; Dr. J. E. Hall, Alexandria; Dr. A. A. Hamilton, Marion; Dr. G. W. H. Kemper, Muncie; Dr. A. D. Kimball, Marion; Dr. J. C. Knight, Jonesboro; Dr. J. J. Kyle, Marion; Dr. J. A. Meek, Jonesboro; Dr. Geo. W. McKinney, Jonesboro; Dr. C. W. Mackey, Portland; Dr. C. C. Mills, Red Key; Dr. S. M. Nolder, Fairmount; Dr. J. W. Patterson, Fairmount; Dr. W. G. Poland, Muncie; Dr. O. L. Stout, Upland; Dr. C. E. Vance, Gas City; Dr. E. M. Whitson, Jonesboro. The following honorary members were present: Dr. L. O'Neal, (1878) Somerset; Dr. F. C. Heath, (1892) Indianapolis. Applications for membership were received from the following and referred to the censors, Drs. Kemper, Mackey and Stout: Dr. Samuel Hollis, of Upland; Dr. J. E. Frederick, Ridgeville; Dr. J. R. Harold, Roll; Dr. J. L. Lord, Marion; Dr. E. A. Hollis, Upland; Dr. E. Charles, Summitville; Dr. Oliver Wilson, Fairmount; Dr. Charles Eckart, Marion.

Under the head of special business the secretary, Dr. F. J. Hodges, gave notice that at the next regular meeting of the society he would move to amend Articles 5 and 6 of the Constitution and Article 3 of the By-Laws, as amended to read as follows:

Article V (Constitution). This society shall consist of the charter members whose names are appended, and of such other members of the profession as may be elected by the society to Active or Honorary membership.

Article VI. Section 1 (Constitution). Any reputable regular practitioner residing in Adams, Blackford, Boone, Carroll, Cass, Clinton, Delaware, Grant, Hamilton, Howard, Henry, Huntington, Jay, Madison, Miami, Randolph, Tipton, Wayne, Wabash, or Wells County, receiving a favorable report from the Board of Censors and a two-thirds vote of the Society, may become an active member by signing the Constitution, paying a membership fee of 50 cents and the dues for the current year.

Sec. 2. Members of the profession, or others, not eligible to active membership, rendering this Society marked services, may be elected to Honorary membership by a unanimous vote of the Society.

Article III. (By-Laws). Sec. 1. The funds of the Society shall be applied exclusively to the promotion of its objects as set forth in Article II of the Constitution.

Sec. 2. The annual dues of this Society shall be \$1.00, payable in advance.

Sec. 3. No member shall be considered in good standing, shall be entitled to present papers, receive the transactions, hold office or vote for officers who has not paid his dues for the current year.

The President announced that as official notice had thus been given, the Society would consider at the next regular meeting a motion to amend the constitution.

The regular program of the meeting was then opened by Dr. W. R. Francis of Marion, who presented a paper entitled "The Physician's Duty." [Dr. Francis' paper is printed in full in this number.—ED.]

#### DISCUSSION OF DR. FRANCIS' PAPER.

Dr. Kemper, of Muncie—The difficulty in this state seems to be that while perhaps the members of the profession individually, and the County Medical Societies singly, desire to bring the standard of the profession up to what it should be, there is no concerted action and the counties singly are unable



to enforce even the laws we now have as we learned to our sorrow in Delaware County recently.

Dr. Conley, Gas City—Relief from the disgraceful conditions that now confront the profession must come if it comes at all, through legislation. What does it avail that the regular profession year after year raises the standard of its colleges if the irregulars are allowed to turn out a raft of uneducated fellows that the law compels us to recognize as physicians. If they will not voluntarily raise their requirements the state should compel them to do so. (Dr. Kemper—How long a course of study is required by the Marion school? A voice—Two weeks.)

Dr. Lewis, Indianapolis—Some time since I received from the Secretary of the American Academy of Medicine a request for a synopsis of the laws of Indiana regarding the practice of medicine. I applied to the Clerk of Marion county and he furnished me with a transcript of such laws, which I sent on. Shortly afterward I received a letter from the Secretary in which he stated that our state had the least efficient laws of any state which had reported to him. This is certainly a matter which interests every one of us and we should each and every one see to it that this disgraceful state of affairs is brought to an end.

Dr. McKinney, Jonesboro—Dr. Shively of this county and of this Society was the author of all the laws that we have. No one could be more thoroughly aware than was he that these laws were in no way adequate but he assured me that they were the very best that it was possible to pass.

Dr. Cline, Indianapolis—The physician and particularly the family physician has an influence that if he but choses to exert it in a political direction, before which everything else must give way. A friend of mine who has had a considerable to do with politics recently told me that as the result of his practical experiences and observations he sought always to cultivate the good graces of the medical profession. It must be that the profession individually and collectively is ignorant of its great power in this direction or it would arise and put an



end to these legislative abuses. The profession has the influence but does not use it. All that is necessary is agitation and concerted action when the legislature would be glad to meet our wishes in the matter.

It was moved and carried that the paper be referred to the Publication Committee with instructions to transmit a copy of the same to each County Medical Society in the state..

---

### THE ST. JOSEPH COUNTY MEDICAL SOCIETY.

The St. Joseph County Medical Society will hold its tenth annual meeting Tuesday, Jan. 28, 1896, in Elks' Hall, South Bend, Indiana, and the following program has been prepared for their entertainment:

- "The Eye Symptoms in Certain Deep-Seated and General Diseases"  
 .....Dr. A. F. Schafer, South Bend, Ind.  
 Discussion opened by Dr. K. K. Wheelock.
- "Constipation".....Dr. A. P. Buchman, Fort Wayne, Ind.  
 Discussion opened by Dr. C. C. Terry.
- "Mistake in Diagnosis Between Floating Kidney and Supposed Distension of Gall Bladder in Male. Unsuccessful Operation for Former and Results." .....Dr. J. B. Berteling, South Bend, Ind.  
 Discussion opened by Dr. F. P. Eastman.
- "Comments on Diagnosis and Treatment of Iritis.".....  
 .....Dr. Albert E. Bulson, Jr., Fort Wayne, Ind.  
 Discussion opened by Dr. Schafer.
- "Pyosalpinx, Diagnosis and Treatment," Dr. J. B. Green, Mishawaka, Ind.
- "Headache".....Dr. K. K. Wheelock, Fort Wayne, Ind.  
 Discussion opened by Dr. A. E. Barber.
- "Crime and its Treatment".....Dr. B. Van Sweringen, Fort Wayne, Ind.  
 Discussion opened by Dr. C. Stoltz and Mr. Stuart McKibben.
- "Surgical Anatomy of the Peritoneum" .....  
 .....Dr. Miles F. Porter, Fort Wayne, Ind.  
 Discussion opened by Dr. J. B. Berteling.
- "Typhoid Fever, Pathology and Treatment".....  
 .....Dr. H. F. Mitchell, South Bend, Ind.  
 Discussion opened by Dr. F. M. Sawyer.

The Society extends a cordial invitation to all to meet with them and a general good time is anticipated.

# Fort Wayne Medical Magazine.

---

VOL. IV.

JANUARY, 1896.

No. 1.

---

## EDITORIAL STAFF:

ALBERT E. BULSON, JR., B. S., M. D., MANAGING EDITOR,  
19, 20, 21 Pixley-Long Building.

MILES F. PORTER, A. M., M. D.,  
47 W. Wayne Street.

GEORGE W. McCASKEY, A. M., M. D.  
107 W. Main Street.

BUDD VANSWERINGEN, M. D.,  
26 W. Wayne St.

FRED J. HODGES, B. S., M. D.,  
Anderson, Indiana

---

A Journal of Medicine and Surgery, Published between the 1st and 10th of every month,  
Price, \$1.00 per Year, Postage Paid.

This Journal is devoted entirely to the advancement of medical science. Essays, Clinical Reports, and Personal Communications of a medical nature are solicited. All Contributors are responsible for their own utterances.

All Communications, Subscriptions and Books for Review should be addressed to the Editor of THE FORT WAYNE MEDICAL MAGAZINE, 21 Pixley-Long Block, Fort Wayne, Indiana.

---

## EDITORIALS.

---

### ANTITOXIN.

Evidence continues to accumulate regarding the benefit derived from the use of antitoxin in diphtheria. We miss the scathing condemnations which its advocacy met a year or more ago, and notice in the current literature now nothing but praise. We have, of course, become better acquainted with it and it is not expected to accomplish miracles any more and failing be condemned.

In the Johns Hopkins Hospital Bulletin (Nos. 56-57) Dr. George Blumer reports its use in sixteen cases, three being non-diphtheritic. "Two of the cases died, but both of these were moribund on admission, one dying three and the other

eight hours after admission, so that the antitoxin was given no chance.

The other thirteen cases were most of them mild, in fact none were very severe, but both on the general condition and on the temperature the antitoxin seemed to have a marked effect. It was almost invariably noticed that the day following the injection the patient was much brighter, and in the case of children the return of appetite was the marked indication of improvement."

"The skin eruptions were the only bad effects, if one could so call them, which were observed after the use of the antitoxin. No other appreciable symptoms plainly due to the injection could be observed, nor did the examination of the urine give evidence of any such."

Dr. Herman M. Biggs, of the New York Board of Health, states that of 1,000 cases treated with the serum *within three days* from the appearance of the disease but 5 per cent. have died. This is surely a reduction in the mortality rate over what the advocates for any other method of treatment claim. It can not be objected that the remedy to do good should be capable of curing the disease at any period of its history, because this is no argument and we must take the facts as they exist. We can not ourselves erect a standard upon which to judge of the merits of a drug, meeting which it shall be lauded, but failing (in no matter how minor a particular) it shall be decried. To say that 5 per cent. of 1,000 diphtheria cases only have died when they were seen and treated by the serum within three days of their appearance, means that the remedy has had a fair chance. It means that it was used (in many cases, no doubt) to the exclusion of other treatment. And it is the only fair way to draw deductions from *any* method of treatment, that is, to use it early and exclusively.

In spite of the fact that the *Journal* of the American Medical Association under date of December 14, 1895, speaks as below quoted, we maintain that the treatment is gaining friends and making converts as witnessed by the manner in which A. W. Brayton, of the *Indiana Medical Journal*, takes the



*American Journal* to task for the advancement of such ideas as published. Dr. Brayton in company with the majority of the Indianapolis profession at the last meeting of the State Medical Society were not warm advocates of serum therapy in diphtheria nor were they settled in their opinions as to its usefulness, but displayed a state of tolerant incredulity which was, to put it mildly, a little annoying to the writer who presented some clinical facts witnessed by him in the treatment of diphtheria with antitoxin. We are glad to see him defend it now and will say what we said last summer that no man can witness the action of antitoxin administered early and fail to be impressed with the fact that in *some way* and *some how* patients do better with it than we had expected they would, or better than under other methods of treatment.

The *Journal* of the Am. Med. Ass. says: "Just as we were growing comfortably settled in the conviction that if there was anything in the doctrine of serum therapy, it was surely in cases of diphtheria that its strongest statistics were to be found, along comes one of the ablest laryngologists of Great Britain, Mr. Lennox Browne, and in an able discussion of the subject, reviews the subject adversely." To which Dr. Brayton replies that the opinion of one man, even though it is conceded that he is a high authority as a clinician, should not be able to overthrow this system of treatment which "is founded on the results of the chemical and biological laboratories and has the almost universal endorsement of the greatest names in pathology." S.

---

**This Magazine and Cosmopolitan for one year, \$1.60. Regular price of both when ordered separately, \$2.20. See last inside cover page.**

---

*The College and Clinical Record* will be hereafter known under the name "*Dunglison's College and Clinical Record*, a Monthly Journal of Practical Medicine."

## DELAWARE DISTRICT MEDICAL SOCIETY.

We begin elsewhere in this number, the publication of the proceedings of the Delaware District Medical Society; an organization now in its 19th year, composed of the live, energetic practitioners of Blackford, Delaware, Grant, Henry, Jay Madison and Randolph Counties. The spirit of enterprise which prompted the Society to undertake the publication of its proceedings, led it at its recent meeting in Gas City, to contemplate a very material increase in its territory; a project that, for the good of the profession of Eastern Indiana, it is to be hoped will be carried out.

If the amendments now pending carry, they will create a sufficiently numerous and able body to profoundly influence for good the profession of the whole state, and its meeting at Dunkirk next June will be one of the medical events of the year.

---

**Subscribe now for the Magazine and get the First Number of the new Volume.**

---

### NOTICE TO SUBSCRIBERS.

We have recently received several letters from subscribers saying that "Stories of a Country Doctor," which we offer as a prize with every subscription, had not been received. We take pleasure in reproducing a letter which fully explains the delay and which indicates that all past as well as future orders will receive attention.

NEW YORK, December 19th, 1895.

*Fort Wayne Medical Magazine, Fort Wayne, Ind.:*

GENTLEMEN:—The demand for more copies of "Stories of a Country Doctor" has been so great that we are forced to put in press another edition of the book which we will have ready for delivery Jan. 10th. We will be pleased to have you re-send us any orders that have been returned, and also let us have all your orders by the date mentioned, to facilitate the early delivery. It is only our trust in the Medical Journals that lead us to make this edition when so many have been sold.

Very truly yours,

P. H. FAIRCHILD, Sec.

BAILEY & FAIRCHILD CO.

# MEDICAL REVIEWS.

---

## DEPARTMENT OF MEDICINE, THERAPEUTICS, NERVOUS AND MENTAL DISEASES.

---

IN CHARGE OF G. W. McCASKEY, A. M., M. D.

Professor of Nervous and Mental Diseases and Clinical Medicine, in the  
Fort Wayne College of Medicine.

### THE TREATMENT OF LIGHTNING PAINS IN LOCOMOTOR ATAXIA—

Blondel (Rev. de Ther., April, 1895) treated a case of locomotor ataxia in a man with syphilitic history, aged twenty-nine, who suffered intolerable lightning pains, as follows: The patient lay on a bed with the thighs flexed on the abdomen, so that the knees approached the chin, the legs being flexed as much as possible at the same time. A cord passed round the neck and under the knees enabled him to maintain this position for five minutes. This was repeated every night for eight days, when the pains disappeared. As they returned a month after the same treatment was resumed for five nights. Two years have passed since then, and the pains are apparently cured. Blondel considers this a scientific method of treatment, causing a slight elongation of the spinal cord in the same way as suspension, without any of the danger which accompanies the latter method and without any apparatus.—*British Medical Journal*.—*Therapeutic Gazette*.

---

**TEST MEALS IN THE DIAGNOSIS OF STOMACH DISEASE.**—The value of the test meal followed at proper intervals by the stomach tube has been fully demonstrated. No case of gastric disease can be said to have been scientifically investigated until these measures have been used. In a considerable experience in the chemical study of these cases I have never found but one patient—and that was a practicing physician—in whom I failed to introduce the tube at the first seance. It is certainly unpleasant to all, but the difficulties have been over estimated.



Dr. Henry Salzer (*Journal of the American Med. Ass.*) suggests a modification of the now commonly employed Ewald test breakfast. He precedes this by four hours with a meal composed of one or two ounces of cold roast beef, free from fat, half a pint of warm milk, and one or two ounces of well toasted bread. The Ewald breakfast is then given, and one hour later a soft tube introduced, and as much material removed as flows into the free lower end of the tube without either aspiration or expulsive effort.

No doubt much information can be obtained in this manner, but it seems to me that there are two objections to it. In the first place the fermentative products of delayed digestion, present in most pathological cases, are mixed with the products of the Ewald breakfast. Then the quantity obtained in this manner is altogether too small. I think that this method of using the tube would be an improvement over the Einhorn bucket. But an ounce or more can generally be obtained by mild expulsive efforts and without aspiration. I do not use the latter once in twenty times. Without it pieces of mucous membrane will rarely if ever be detached excepting in cases where it is extremely friable. In cases where gastric ulcer is strongly suspected, the stomach tube, if used at all, should be used in this manner.

There is another advantage in adhering to Ewald's breakfast in all cases where only one test, which is entirely insufficient, can be made. That is our present knowledge of its chemistry in health and disease, which has only been attained by long painstaking study by many investigators. Where adequate opportunities can be had for observation and several tests made the modifications suggested by Dr. Salzer might be useful, although it is difficult to see what advantage it possesses over some of the numerous predecessors of the Ewald breakfast, some of which should be given additionally when circumstances permit.

---

**HEREDITARY CEREBELLAR ATAXIA.**—Dr. Joseph Collins (*Journal of Nervous and Mental Diseases*) reports an interesting case of the above named disorder, in a boy eleven years of age. No hereditary taint could be obtained except paternal tuberculosis. Movements had never been free like other children. "Stiff in joints," "easy to fall," could not climb and play as others.

Mental development had been very poor. Had to be taken from school on this account. Had periods of inability to use left extremities, associated with speech disturbances. Was tall and looked old for years; skin dry; right side of face used more vigorously than left; knee jerk exaggerated, especially the right; gait shambling and reeling; stands fairly well with feet wide apart; genital organs undeveloped. There was no nystagmus, but progressively increasing myopia.

One sister had been similarly affected, dying at two years of age. The

disease of which this appears to be an atypical case usually develops at puberty or later, and occurs in groups in certain families. In one instance twenty-five, and in another thirteen cases were observed in one family. The lesion, or defective development, appears to be in the cerebellum, which has been found atrophied in some cases

---

**ENDEMIC INFANTILE MULTIPLE NEURITIS.**—Dr. Graeme M. Hammond (*Journal of Nervous and Mental Diseases*) has recently reported a small endemic of multiple neuritis, occurring among infants in Bridgeport, Conn. There were ten cases. The ages varied from four and one half months to four and one half years. Eight of the cases were preceded by headache, vomiting and fever. Paralysis progressively involving the lower and upper extremities, and sometimes the trunk, ensued.

Pain, abolition of reflexes, and electrical reaction of degeneration were present.

One case proved fatal, the others making slow recoveries.

Dr. Hammond attributes the disease to some sort of undetermined microbe.

---

**IRON AND THE TEETH.**—Dr. G. D. Martin (*Dominion Medical Journal, Maryland Med. Jour.*) Calls attention to the injurious action of the tincture of the chloride of iron on the teeth. Physicians are, he says, very careless about cautioning patients regarding its action on the teeth. He says it is even more dangerous when diluted than when used in full strength, although no explanation is given of this paradox.

The matter is evidently deserving of attention, and when it is thought necessary to use this form of iron it should be administered through a tube, and an alkaline mouth wash used *both before and after* it is taken.

---

## DEPARTMENT OF SURGERY AND GYNAECOLOGY.

---

IN CHARGE OF MILES F. PORTER, A. M., M. D.

Prof. of Surgery and Gynæcology in the Fort Wayne College of Medicine.

ASSISTED BY

FRED J. HODGES, B. S., M. D.

Prof. of Genito-Urinary Surgery in the Fort Wayne College of Medicine.

**RECURRENCE OF MALIGN TUMORS AFTER OPERATION.**—Suggestions to the surgeon; Avoid breaking up the tumor, if possible, so as not to infect



the instruments, edges of the wound, and hands of surgeon and assistants; if by chance an instrument penetrate the tumor, sterilize the former at once before using it to continue the operation; in performing laparotomy for malignant visceral tumor, place compressions about the lips of the parietal wound to prevent all contact of the tumor with these lips, and their possible inoculation; sterilize the hands each time they are brought in direct contact with the surface of a section of the growth. (AIME GUINARD, *Union Med.*, September 28, 1895.)—*Universal Med. Journal*.

---

**TRUSSES.**—Trusses for hernia were known to the Phœnicians nine hundred years before Christ, as is shown by a votive image recently found at Soussa, in the possession of Dr. Houcet, chief medical officer of the French army in Tunis. The statuette is of terra cotta, representing the Egyptian god Bizou; but around its waist is an elaborate and efficient metallic truss — *American Medical Review*.

---

**CHLOROFORM ADMINISTRATION.**—A novel method of restoring persons apparently dead from chloroform is recommended by Dr. F. Maas, of Detroit, in the *Therapeutic Gazette*, Oct. 15. It involves the compression of the præcordium with considerable force, at the rate of about 120 to the minute. He recites two cases in which this method succeeded.—*American Medical Review*.

---

**EXCISION OF STRICTURE OF THE RECTUM THROUGH AN INCISION IN THE POSTERIOR VAGINAL WALL.**—M. Camperron (Paris) *Annals of Surgery*, relates a case in which he successfully excised a non-malignant stricture of the rectum through the posterior vaginal wall. He first divided the recto-vaginal septum, then dissected the stricture loose, excised it and coapted the divided ends of the gut, restored the sphincter ani by four interrupted sutures and finished the operation by an ordinary perineorrhaphy.

---

**PIN IN THE APPENDIX.**—Dr. Kammerer presented to the New York Surgical Society, *Annals of Surgery*, Aug., 1895, a pin which he had found



in the appendix of a boy upon whom he had operated for appendicitis. The head of the pin had escaped through a perforation at the tip of the appendix. He also stated that Drs. Markoe and McBurney had each presented to the society a case in which a pin had caused appendicitis, and that two other cases had been reported in the *Medical Record*. Dr. Abbe also reported a case occurring in his own practice.

511169

---

**RADICAL CURE OF HERNIA.**—Edward Wyllys Andrews, in a recent article, *American Journal of Surgery and Gynecology*, says: "We do not hesitate to advise the perfected operation for radical cure, in all healthy subjects of suitable age. The mortality is below 1 per cent., and the relapses no greater than 5 per cent." Complicated cases are excluded in arriving at this conclusion. By excluding complicated cases and old and feeble patients he sees "no reason why there should be any mortality."

---

**THE LABORDE METHOD OF ARTIFICIAL RESPIRATION.**—When the physician needs to practice artificial respiration, he is usually in pretty close quarters and has no time for experimentation. He wants to follow that procedure which will with the greatest certainty and rapidity take the place of the suspended function and bring about its resumption. For that reason Dr. Edward Martin's personal experience with the Laborde method, *Therapeutic Gazette*, Dec. 16, 1895, cannot fail to be of general interest. This method as described by its originator consists in making firm, rythmical tractions upon the tongue and is practiced as follows:

The asphixiated person is placed on his back, with the head low, and the jaws wedged apart by any convenient article. The tongue is now firmly grasped, as far back as possible, and about fifteen times to the minute pulled out sharply and the tensor immediately released. At the time the first two or three tractions are made it is well to introduce the index finger of the other hand into the pharynx as if to induce vomiting. When assistants are at hand it is well to supplement these by compression of the chest, the Sylvester movements, etc. It is applicable to asphyxiation from whatever cause and many reports of its remarkable efficacy have appeared in the European periodicals. Dr. Martin gives the history of seven cases in which it was employed and from his clinical and laboratory experience, concludes that it is the most important single measure we possess and should never be neglected.

## DEPARTMENT OF OBSTETRICS AND PAEDIATRICS.

IN CHARGE OF B. VAN SWERINGEN, M. D.,

Professor of Theory and Practice in the Fort Wayne College of Medicine.

---

**SHOULD INTRA-UTERINE INJECTIONS OF GLYCERINE BE USED FOR THE INDUCTION OF LABOR?**—Dr. B. M. Hypes reports a case in the *New York Journal of Obstetrics*, Dec , 1895, where glycerine was used to induce labor in a healthy young woman, 23 years old, who had no kidney lesion prior to the use of Pelzers' method, but who died of acute nephritis after its use. He then enters into a discussion of a number of other cases which have appeared, treated by this method, and of the effects upon the system produced by the absorption of a large amount of glycerine. Glycerine in these amounts (2½ ozs.) appears to alter the composition of the blood with the production of methemoglobin, and of disintegration of the red disks. Hematuria appears and the blood remains fluid after death. Evidences of intense congestion of various organs appear—kidneys, liver, stomach, bowels, brain and nervous system.

Dr. Hypes comes to the following conclusions: Intra-uterine injections (of glycerine) are often inefficient, especially so in doses under fifty cubic centimeters. They are liable to be followed by all the ill effects—shock, air embolism, thrombosis, metritis and sepsis—of other intra-uterine douches which have been used and abandoned during the past century. They may and sometimes do produce glycerine poisoning—i. e., decomposition of the blood corpuscles—resulting in diseases of various organs, but more especially in nephritis with hemoglobinuria.

This method takes no consideration of the life of the child and hence results in great fatal mortality.

Its use should be abandoned or the dosage reduced, especially in subjects with prior existing kidney affections.

---

**INTRA-UTERINE RUPTURE OF THE ANTERIOR ABDOMINAL WALL WITH EVENTRATION IN A NEW-BORN CHILD.**—Dr. A. Brothers, in the *New York Medical Journal* for Dec. 7, 1895, reports the case of a multipara who had had no falls or injuries, during her pregnancy, of which she can remember and who gave birth on July 27 to a child which was born unexpectedly and struck the floor with some force. Upon his arrival a few hours after, the



cord had been tied and cut and the child was alive but presented, on inspection, a large mass of intestines protruding from a small opening in the abdomen. The umbilical opening was entirely closed and contained the stump of the umbilical cord. About half an inch to the right, however, the intestine escaped through an opening not much larger than a silver quarter; this opening was ragged and its right margin adhered to the gut. The intestine was very much swollen and congested. It was also found that the genitals and anus were absent. A large open space about the size of a half-dollar and covered with mucous membrane extended from the pubes to the tip of the coccyx; this, of course, was an extrophied bladder and presented on either side small projections representing the ununited halves of the clitoris. The diagnosis was: First, congenital prenatal eventration from an unknown cause, perhaps due to maternal traumatism; second, congenital extrophy of the bladder; third, congenital absence of the anus. The child lived twenty-five hours. No autopsy was allowed.

This case is of interest because it brings up the question of the possibility of the reception of a traumatism by the foetus while still in utero which is capable of penetrating the abdomen without corresponding injury to the mother. The author refers to the case of Paul where foetal movement ceased after the reception by the mother of an injury caused by striking her abdomen against the sharp edge of a stone step. When this child was born it was found to present a rupture of the anterior abdominal wall of a penetrating character evidently the result of the maternal injury. The child was also syphilitic.

The editor cannot conceive how these two cases can help to settle the question of the possibility of injuring the foetus to the extent indicated without laceration of the overlying maternal structures from the fact that both children presented defects. The one is acknowledged to be syphilitic and the other is reported to have a grave error in development. The author's case affords no history of traumatism to the mother and while the other does, it can not, in our opinion, be held accountable for the condition of the child in the absence of a penetrating wound of the mother's abdomen and uterus. We cannot conceive how the foetus protected by these structures and the liquor amnii can be so severely hurt without corresponding injury to the overlying maternal structures.

---

**A NEW POSTURAL METHOD OF TREATING PROLAPSUS OF THE UMBILICAL CORD.**—Dr. A. Brothers, in the December number of the *New York Journal of Obstetrics* writes an article with the above caption and reports three cases to illustrate the advantage of the Trendelenburg posture in the treatment of prolapsus of the umbilical cord. He was forced to improvise



the apparatus and several different objects were used to obtain the desired incline. The posture, he thinks, maintained the cord in position after replacement in two of the cases, with the aid of a sponge placed between the presenting part and the uterine wall. In the second case, in the absence of help, and on account of the rapid delivery which was required due to the condition of the child and on account of the fact that no sponge was used to retain the cord in position after replacement, it did not succeed. All of these cases were mal-positions and were born by the breech after more or less complete podalic version.

He discovered that the Trendelenburg posture made version distinctly easier and the cases impressed him with the following points: 1. The advantage of the elevated hip position combined with extension of the thighs in increasing somewhat the antero-posterior diameter of the pelvis. 2. The ease with which a prolapsed cord can be replaced and kept back with the aid of a fairly large piece of boiled sponge pushed between the presenting part and the pelvic wall (as suggested years ago by Renshaw) 3. The ease with which the presenting head can be pushed up and the leg brought down. 4. The short time in which a version can be done.

---

## DEPARTMENT OF OPHTHALMOLOGY, OTOTOLOGY, LARYNGOLOGY AND RHINOLOGY.

IN CHARGE OF ALBERT E. BULSON, JR., B. S., M. D.

Professor of Laryngology and Rhinology in the Fort Wayne College of Medicine,  
Fort Wayne, Indiana.

**PSEUDO-MEMBRANOUS CONJUNCTIVITIS TREATED WITH PERMANGANATE OF POTASSIUM.**—*Jocqs Ann. d'Oculist*, July, 1895.—The author treated a case of this disease, the nature of which was not established by bacteriological examination. Instillations of a weak solution of nitrate of silver seemed to aggravate the corneal lesions, and they were replaced by touching with a solution of potassium permanganate, 1 to 20.

---

**CROUP.**—A favorite method of the famous throat specialist, the late Sir Morell Mackenzie, of dissolving the false membrane in croup, was to spray the throat with a solution of  $3\frac{1}{2}$  drams of lactic acid in 10 ounces of distilled water.—*Drug Circular*.

**ADENOID GROWTHS AND HEADACHES.**—Dr. Howard S. Straight reports, in the *Medical News*, a case of headache in a boy sixteen years old due to adenoid growths. He had suffered for three years. His eyes were in good condition, but he complained of catarrh. The headache would begin in the morning and last until noon. The growth was found. The soft palate and pharynx were painted with a 20 per cent. solution of cocaine and the growths well scraped out with a Gottstein curette. The headaches disappeared at once and have never returned.

---

**A CONVENIENT TEST FOR COLOR BLINDNESS.**—Dr. Geo. F. Keiper, in the *Jour. of the Amer. Medical Ass.*, offers the following as a test for examination of railroad employes and others for color blindness:

The test consists of a sample card of Corticelli embroidery silk. On the folding card are 269 colors all named. Over the names must be pasted blank paper to hide them. These colors may now be numbered consecutively. In testing, we direct the patient's attention to one of the colors; blue, green or red. We will take, for example, blue, and ask him if he sees any color in the green or red column of colors to correspond. If he says, no, we point out to him the red, and ask him if there is anything in the blue or green column to correspond. If he answers, no, we may then ask him to name and point out the colors we have been comparing. If he answers correctly, he is not color blind to these colors so important in railway service. He must not be told the name of any color. He must tell the examiner correctly.

On the other hand, however, suppose we point out to him a sample blue and ask him if there is any color on the card to correspond and he says there is, and points to green, for example, we know him to be blind to either blue or green. To which one, is easily ascertained by asking him the name of the color to which we directed his attention first. If he calls the blue color, green, we know that he is blind to blue and *vice versa*. If he should say the red is like the blue, we know him then to be color blind to either red or blue. To find out which, we need only to ask him to name the colors. If he calls red, blue, we then know him to be blind to red and *vice versa*. If red and green correspond in color to him, his color blindness will be ascertained as above. The rest of the card may be used to ascertain the different shades of different colors to which the applicant may be blind.

---

**Show a Copy of the Magazine to Your Medical Friends and ask them to send us their Subscriptions.**



## BOOK REVIEWS.

---

IMMUNITY AND SERUM-THERAPY. By George M. Sternberg, M. D., LL. D., Surgeon-General U. S. Army; Ex-President American Public Health Association; Honorary Member of the Epidemiological Society, of the Royal Academy of Medicine of Rome, etc. Octavo, page 325. New York: William Wood and Company, Publishers.

This work is timely. As a profession we are very apt to drift into empiricism. We prescribe a remedy because some one else says it does good in certain conditions and without knowing ourselves its composition or the effect it has on the different systems of the body. Hence we are unable to apply it to any but the character of cases for which it has been recommended even though it may be more completely indicated in another. Scientific therapeutics demands an accurate knowledge of the composition and effects of an agent and this book is especially recommended for the reason that it brings the discussion of these subjects up to date, in so far as they relate to serum-therapy.

We can not all be expert bacteriologists, but the men, the major portion of whose time is occupied in the *treatment* of disease, can and ought to be acquainted with the *conclusions* of these specialists, especially when they involve a question of such vital interest to the public generally.

There is nothing to be said by way of criticism. The work reviews the results of many other men's labors along this line, and is a comprehensive reflection of the state of our knowledge of the subject. No practitioner can be abreast of the times without it and to the specialist it would seem absolutely essential.

---

E. B. Treat, Publisher, New York, has in press for early publication the 1896 *International Medical Annual*, being the fourteenth yearly issue of this eminently useful work. Since the first issue of this one volume reference work, each year has witnessed marked improvements; and the prospectus of the forthcoming volume gives promise that it will surpass any of its predecessors. It will be the conjoint authorship of forty distinguished Specialists, selected from the most eminent Physicians and Surgeons of America, England and the Continent. It will contain reports of the progress of Medical Science at home and abroad, together with a large number of original articles and reviews on subjects with which the several authors are especially associated. In short, the design of the book is, while not neglecting the Specialist, to bring the General Practitioner into direct communica-



tion with those who are advancing the Science of Medicine, so he may be furnished with all that is worthy of preservation, as reliable aids in his daily work. Illustrations in black and colors will be consistently used wherever helpful in elucidating the text. Altogether it makes a most useful, if not absolutely indispensable, investment for the Medical practitioner. The price will remain the same as previous issues, \$2.75.

COSMOPOLITAN.—No one ever thought of introducing so expensive a feature as lithographic color work in the days when the leading magazines sold for \$4.00 a year and 35 cents a copy. But times change, and the magazines change with them. It has remained for the *Cosmopolitan*, sold at one dollar a year, to put in an extensive lithographic plant capable of printing 320,000 pages per day (one color). The January issue presents as a frontispiece a water-color drawing by Eric Pape, illustrating the last story by Robert Louis Stevenson, which has probably never been excelled even in the pages of the finest dollar French periodicals. The cover of the *Cosmopolitan* is also changed, a drawing of page length by the famous Paris artist, Rossi, in lithographic colors on white paper takes the place of the manilla back with its red stripe. Hereafter the cover is to be a fresh surprise each month.

A SYSTEM OF SURGERY. By American Authors. Edited by Frederic S. Dennis, M. D., Professor of the Principles and practice of Surgery, Bellevue Hospital Medical College, New York; President of the American Surgical Association, etc., assisted by John S. Billings, M. D., LL. D., D. C. L., Deputy Surgeon-General, U. S. A. To be completed in four imperial octavo volumes, containing about 900 pages each, with index. Profusely illustrated with figures in colors and in black. Volume III, 908 pages, 207 engravings, and 10 colored plates. Price per volume: \$6.00 in cloth; \$7.00 in leather; \$8.50 in half Morocco, gilt back and top. For sale by subscription. Full circular free to any address on application to the publishers, Lea Brothers & Co., Philadelphia. The list of contributors to this volume comprises Drs. D. Bryson Delavan, of New York; H. H. Mudd, of St. Louis; Charles B. Porter, of Boston; Willard Parker, of New York; F. S. Dennis, of New York; George E. DeSchweinitz, of Philadelphia; Henry D. Noyes, of New York; Gorham Bacon, of New York; L. McLane Tiffany, of Baltimore; William A. Hardaway, of St. Louis; J. William White, of Philadelphia, and Robert W. Taylor, of New York.

The initial chapter of this volume treats of the "Surgery of the Larynx and Throat," and is written by D. Bryson Delavan. The greater part of this chapter is devoted to those subjects which are of most practical importance to the general practitioner and surgeon, such as tracheotomy and intubation, though those which concern the specialist are not slighted.

Henry H. Mudd is the author of the article entitled "Surgery of the Mouth and Tongue," to which 33 pages are devoted. We think the advisability of discussing apthous sore mouth, thrush, gingivitis and stomatitis, in a work on surgery, is questionable, and certainly one would naturally expect to find treated under this head cancer of the lips, concerning which there is nothing save the statement that the lips "are a favorite site for the development of epithelioma as a result of long continued traumatism from the the pipe, the cigar or the cigarette." We are all the more inclined to complain at this omission because of the excellent way in which the author treats of epithelioma of the tongue, to which he gives 15 pages, the greater part of which is devoted to treatment, including 14 valuable statistical tables. The subject of ranula might better have been omitted from this article inasmuch as it comes naturally under the head of "Diseases of the Salivary Glands," where we find it again discussed by Charles B. Porter.

Willard Parker writes the article on "Surgery of the Neck" which opens with five pages on development, after which are considered "Branchial Fistulae," "Branchiogenic Tumors," "Injuries and Wounds," "Burns," and "Diseases of the Neck." The latter subject is divided into diseases of the skin, glands and blood vessels. Diseases of the blood vessels are briefly mentioned here, because they are elsewhere discussed. This is also true of the diseases of the thyroid and salivary glands, but the diseases of the cervical lymph-glands are satisfactorily though by no means exhaustively reviewed. One of the most valuable portions of this article is that concerning wounds of the nerves of the neck. Consideration of fractures of the trachea, hyoid bone, cricoid and thyroid cartilages might have been omitted from this article as they are fully considered in the opening article of the volume. One of the most excellent articles in the volume is that by Frederick S. Dennis on "Injuries and Diseases of the Chest." Save those subjects falling under other departments the article covers the ground thoroughly and in a practical and methodical manner. In speaking of the operation for removal of posterior mediastinal tumors, etc., he quotes from J. D. Bryant's paper read before the Am. Surg. Ass. in 1895.

"Diseases of the Eye" is the subject of an article of 41 pages by G. E. de Schweinitz, while one upon "Operative Surgery of the Eye" is written conjointly by Henry D. Noyes and John E. Weeks and occupies 38 pages. Both articles are satisfactory and up-to-date.

The general surgeon will find more to interest him in the subject of "Surgery of the Ear," as presented by Gorham Bacon, than in the last two mentioned subjects, because of the terse and practical remarks upon brain-abscess and sinus-thrombosis as related to mastoid diseases.

Louis McLane Tiffany writes the article on "Surgical Diseases of the Jaws and Teeth," in which is included anomalies of the teeth and fracture



and dislocations of the jaws. For operations upon the jaws the reader is referred to Vol. I.

Among the many illustrations is one which might be used as a very effective object lesson against cancer-curer's methods.

"Surgical Diseases of the Skin" is the subject of a 72-page article by W. A. Hardaway. The author, very properly we think, lays more stress upon the importance of attention to the general health of the patients suffering from cutaneous diseases than do many writers on this subject. Many will be found to criticise his apparent leaning to caustics in the treatment of epithelioma. It is questionable whether inflammatory action has a salutary effect on epithelioma or not, neither will it be generally admitted that any caustics have a "selective action" upon cancer cells.

The succeeding 331 pages are given to a consideration of "Surgery of the Genito-Urinary System" which is written by J. William White, assisted by William H. Furness, 3rd. Commencing with the kidneys and closing with the penis the various deformities, diseases and injuries of the different parts of the male genito-urinary apparatus are considered methodically, practically and altogether in a most acceptable manner. Adequate space is given to the recent advances in ureteral surgery, the conclusions of Fenger's masterly article being given in full. Five pages are given to a consideration of the subject of systoscopy. Castration (unilateral and double), ligation or section of the vas deferens, of the spermatic and deferential arteries, and of the whole cord, for hypertrophy of the prostate, are considered at length and the conclusion is reached that "castration offers a better prospect of permanent return to nearly normal conditions than does any other method of treatment." Gonorrhœa, with its complications and results, receives the careful consideration which its importance demands. The remarks on gonorrhœal infection of the female genital organs are confined to general considerations and urethritis. As to the comparative frequency with which the urethra is affected in the female he differs from some authors; he says, "The urethra is nearly always affected." The article closes with a consideration of sterility, impotence, prostaticorrhœa and involuntary seminal emissions. The articles by R. W. Taylor, on "Syphilis" and "Chancroids," closes the volume. The author contends that syphilis is in all probability of microbic origin but that the specific microbe has not as yet been isolated. The unity or duality of syphilis he considers no longer a question for discussion. It is contended that chancroid is not specific in character but due to infection with pyogenic microbes. Acquired syphilis, he says, always commences with a chancre. In the matter of treatment mercury is held to be the most reliable drug, "in the early stages, and in compound form for the later stages" it is the only remedy "which has stood the test of time." Treatment should not



commence until the commencement of the secondary stage and then should be continued in a "series of courses" for from two to four years.

In the treatment of buboes complete excision is advised when abortive measures fail. Iodiform injections after evacuation and thorough cleaning is also highly spoken of. Enough has been said, we think, to show that this article is in accord with the ideas of the most advanced thinkers in this line.

All in all the same high standard of excellence which obtains in the two former volumes is maintained is this. P.

---

THE PRINCIPLES AND PRACTICE OF MEDICINE. By William Osler, M. D. Fellow of the Royal College of Physicians, London; Professor of Medicine in the Johns Hopkins University, etc. Second Edition. New York—D. Appleton and Co., 1895.

When a second edition of a treatise on the principles and practice of medicine is called for in two or three years, it may be regarded as in some measure independent of the arrows of criticism. The medical profession constitutes a discriminating market for wares of that kind, and seldom makes enough mistakes to rapidly exhaust an edition of such a work.

Much of this book has been rewritten, or thoroughly revised. This, of course, was to have been expected; was, in fact, rendered necessary by its rapid accumulation of facts with the resulting modification of both theory and practice in many departments of the healing art.

The section on the specific infectious diseases, both acute and chronic, is very full and complete. One naturally turns first to the chapter on typhoid fever, with which indeed the volume opens. There are few diseases, if any, concerning which the views entertained at any particular period better reflect the mutations and progress of medical science. Since its separate recognition some two thirds of a century ago it has been the well trod stage of many a conflict in the realm of pathology and therapeutics.

The dependence of the disease upon Eberth's bacillus is fully recognized, and the important circumstance of its general distribution through the tissues of the body—notably the lymphatic tissues of the intestines, spleen, mesenteric glands, and blood—and its frequent absence from the contents of the intestinal tube, is pointed out. Obviously bacteriological examination of the feces can not be relied upon for diagnostic purposes. The urine and blood, especially that from the rose colored spots, would seem to be the microbes' most accessible habitat.

Hydrotherapeutics, as applied to this disease, is perhaps the other most important question. It is almost superfluous to say that it receives at the hands of the author merited recognition and emphasis. It has long past the experimental stage, and the failure of the profession to insist with practical unanimity upon its more efficient employment, subject to such modifi-

cations as environment requires, is a remarkable exhibition of apathy, amounting to a positive dereliction of duty. As indicated by the author the use of the sponge, if intelligently and thoroughly applied with cool or cold water for a *sufficient length of time*, is very useful in cases where the bath is impossible or contra-indicated.

It is gratifying to observe the prominent position assigned to antitoxine in the treatment of diphtheria. Of course we are aware of the extreme variability in the virulence of the diphtheritic poison presented in different cases and different epidemics, rendering caution necessary in accepting statistics and conclusions based thereon. It would seem, however, that this caution has been fully exercised in this case, and that the conclusions set forth in this volume, with some reservation, will very probably be fully confirmed in the future.

Of course the bacteriological diagnosis of the disease is now an article of faith, and, so far as possible, a fact in practice, among nearly all educated physicians.

In the chapter on septicæmia and pyæmia a curious theme of practice is shown. These diseases bid fair to practically disappear from surgical practice, from which asepsis is banishing them, and only be seen with relative frequency by the physician, in whose hands the conditions favoring their development are usually only controlled to a very limited degree. This is illustrated in the dead room of the Johns Hopkins Hospital by twenty victims of septicæmia from the medical wards, to one from the surgical.

The chapter upon that ubiquitous disease, tuberculosis, is, very properly, the largest and most important in the volume. Space will not permit of an analysis. It reflects the present phase of our rapidly extending knowledge of this subject. Proper attention is given to the infectiousness of the disease, which ought not to be longer questioned by any intelligent physician, and the imperative necessity for the rigid enforcement of prophylactic measures.

The section on the so-called constitutional diseases comes next. It seems to me that if we are to attempt a classification of these diseases at all—gout, rheumatism, scurvy, etc.—the propriety of which may well be questioned in the existing state of our knowledge, then it would be more distinctive and definite, as well as more non-committal to call them diathetic rather than constitutional. The word diathesis is borrowed bodily from the Greek, and simply indicates a tendency or disposition in a certain direction. To say that these diseases are due to corresponding diatheses is simply stating a fact, without attempting to decide whether the fact depends upon a state of the entire constitution, whatever that may mean, or of some particular organ or function which would seem to me much more probable.

Elaborate and well written sections on the digestive, respiratory and circulatory system, the blood and ductless glands, kidneys, nervous system, muscles, the intoxications, sunstroke and obesity, and the diseases due to animal parasites make up the remaining part of the volume. In the former I notice with surprise the entire absence of any reference to the various forms of mechanical and electrical treatment in certain forms of chronic gastritis, or their sequelæ.

Another point in regard to the diagnostic value of the absence of HCl from the gastric juice in cases of suspected gastric cancer seems worthy of



note. According to Ewald it is not the cancer *per se* but one of its accidents—viz: gastic catarrh—which arrests the formation of HCl. While this accident is very nearly constant, the date of its first appearance may vary widely, appearing early in some cases and later in others, thus explaining the exceptional presence of HCl for variable periods in a small proportion of cases.

This article is already too long to permit a notice of other sections. The book has already made a permanent place for itself, and will form a reliable and progressive epitome for those of the profession who may choose to consult its pages. M.

---

PRINCIPLES OF SURGERY.—By N. Senn, M. D. Ph. D., LL. D., Professor of Practice of Surgery and Clinical Surgery in Rush Medical College, Chicago; Professor of Surgery in the Chicago Polyclinic; Attending Surgeon at the Presbyterian Hospital; Surgeon-in-Chief to St. Joseph's Hospital; Ex-President American Surgical Association, etc., etc. Second Edition. Thoroughly Revised. Illustrated with 178 Wood Engravings and Five (5) Colored Plates. Royal Octavo, Pages xvi, 656. Extra Cloth, \$4.50 net; Sheep or Half-Russia, \$5.50 net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

It has been five years since the first edition of this work made its appearance. In all 45 pages have been added, together with 50 new illustrations. In the chapter on Regenerations of Different Tissues we find descriptions of Wolfe's and of Hirschberg's methods of skin-grafting have been added, but no mention is made of Miles' method of grafting from young animals. Much new matter is also introduced on the subjects of tenorrhaphy, tendoplasty, osteoplasty and neuroplasty. We are pleased to note that there has been no change in the author's views on the subjects of regeneration and inflammation. A short chapter on Ulcer and Fistula has been added. It is unnecessary to enter more into detail regarding the changes and additions to be found in this edition. Suffice it to say that all changes that have been made are on the side of improvement and that they are sufficient both in number and importance to warrant the issue of a second edition. This work ranks with the classical in medical literature. P.

---

AN AMERICAN TEXT BOOK OF SURGERY FOR PRACTITIONERS AND STUDENTS. By Chas. H. Burnett, M. D., Phineas S. Connor, M. D., Frederic S. Dennis, M. D., William W. Keen, M. D., Chas. B. Naucrede, M. D., Roswell Park, M. D., Lewis S. Pilcher, M. D., Nicholas Senn, M. D., Francis Shepherd, M. D., Lewis A. Stimson, M. D., William Thompson, M. D., J. Collins Warren, M. D., and J. William White, M. D. Edited by William W. Keen, M. D., LL. D., and J. William White, M. D., Ph. D. Second Edition. Carefully Revised. Philadelphia, W. B. Saunders. 1895.

It is now three years since the first edition of this work came out. The profession is so generally acquainted with the book that an extended review is not necessary. Many additions have been made to the work to include the progress made in surgery since the first edition was published. Some old illustrations have been taken out and several new ones inserted. All of these changes enhance the value of our book and bring it up-to-date. Without rashness we may say that for a one-volume work it has few equals and no superiors in the English language. P.



## PUBLISHERS' PAGE.

---

*Battle & Co , St. Louis:*

Some time ago you sent me specimens of your preparations of Bromidia, Papine and Iodia. Unlike many who send out specimens you sent an amount large enough to really make a trial with. I had used the two first named a little, but having them more forcibly brought to mind, and recognizing the fact that I had them on trial, I watched their action more carefully. I can say that they are both elegant and health bearing. Bromidia I used on a man verging on Mania a Potu. Papine on a nervous Typhoid woman, and Iodia on a young man, who had carried boils for three years as a result of Ivy poisoning. The preparations were a decided success in every instance.

Yours truly,

Watertown, S. D., Dec. 10, '95.

E. C. ADAMS, M. D.

---

For years physicians and sufferers have felt the want of an abdominal supporter which, while it performed its mission in proving a support to the abdomen, was at the same time *comfortable*.

It has been the experience of nearly all that the average device is so uncomfortable to the wearer that the "remedy proves worse than the disease."

We are pleased to note that the Empire Abdominal Supporter fills this long felt want, as it is cool and comfortable and at the same time efficient. The Empire Supporter is without doubt superior to all others, as it adapts itself to every movement and position of the body, imparts warmth without irritation, supports the weight of the body to the back bone, is easily applied and is cheap and durable.

The Empire Manufacturing Company also make an Umbili-

cal Truss for infants, children and adults. This is made of the same material as the supporters and is, without doubt, the best umbilical truss in the market to-day.

The Empire Elastic Bandage possessing as it does porosity, elasticity, and absorbent qualities to a great degree, will commend itself to the profession as being superior to the gum bandage, so long in use, and for treatment of varicose veins they are superior to elastic stockings.

---

DIPHTHERIA ANTITOXIN. A Strictly Reliable Serum Prepared after the Methods of Behring and Roux.—This diphtheria antitoxin conforms to the conditions of the ordinance of the Board of Health of New York City, is absolutely sterile, and will be supplied in vials of about 10 Cc. each. Three grades of strength will be furnished.

1. A serum, which will contain 600 antitoxin units, for immunizing purposes and for the treatment of mild cases. Issued under blue label; price per vial, \$1.90, strictly net cash.

2. A serum of 1000 antitoxin units, for curative purposes—of sufficient strength for the great majority of cases. Issued under yellow label; price per vial, \$3.50, strictly net cash.

3. A serum, of 1509 antitoxin units, for exceptionally severe cases. Of this strongest grade our supply for the present will be limited. Issued under green label; price per vial, \$5.25, strictly net cash.

Orders may be sent to our Detroit address; our New York City office at 90 Maiden Lane; our branch at 1008 Broadway, Kansas City, Mo.; or our laboratory at Walkerville, Ont. PARKE, DAVIS & CO.

---

### TROUBLES IN THE COMMUNITY.

The coal-dealer died of colitis,  
The twine maker had the cord-ee;  
The farmer's attack of oat-itis  
And rye-neck was painful to see;  
The wheelman went blind with cyclitis,  
The bridge builder suffered from piles,  
The servant girl had Sal-pingitis,  
And the cook was all covered with b'iles.

—Exchange.

# FORT WAYNE MEDICAL MAGAZINE.

---

VOL. IV.

FEBRUARY, 1896.

NO. 2.

---

## ORIGINAL ARTICLES.

No paper published or to be published elsewhere as original will be accepted in this department.

### *PROBLEMS FOR THE TWENTIETH CENTURY.\**

By DR. JOSEPH EASTMAN,

Indianapolis.

One need but mention the names of Sir Humphrey Davy and Morton, McDowell and Sims, Virchow and Lister, to prove the proposition that the present century has placed more on the altar of science to bless mankind than all preceding ages. It might seem to the thoughtless drone in our professional hive, or to one intoxicated with the surgical triumphs of the century, that like Alexander we are now languishing for the want of more worlds to conquer. Those earnestly engaged at the present time with microscope and test tube in the laboratory, those working in the dead house, or achieving surgical triumphs in the operating room, alike unite in admonishing us that the problems of the 20th century to be studied, and solved if possible, are vast and intricate.

"Labor with what zeal we will  
Something still remains undone,  
Something uncompleted still  
Waits the rising of the sun."

So, morning dawn, January 1st, 1900, will disclose a vast amount of labor yet unfinished, and disease unrelenting, scarcely baffled by medicine or surgery, reaping its annual harvest with the sickle of death—not only this, but worse. Some of the most

\* President's Address, Mitchell District Medical Society, July 6, 1895.



horrible diseases with which we contend and which have baffled our best efforts are unquestionably on the increase. Patients have repeatedly asked me why it is that they see and hear so much about diseases of which their parents and grand-parents knew little. I have answered that we know of more stars now because we have better telescopes and that our means of investigation are so much better now than formerly. Such statements may do very well as answers to over-anxious patients and friends, and while it is the truth, it is by no means the whole truth.

Physical deterioration is the law of advancing civilization, and in the strife for wealth and power, nervous diseases, including insanity, is unquestionably on the increase. Perverted cell action may and often does result in the localized reckless cell proliferation known as cancer. The three most serious problems for our study during the next century will be, 1st, the rapid increase of nervous disease; 2d, the steady increase of insanity; and 3d, the fact that the death rate from cancer is constantly increasing in all civilized countries. In sounding the alarm one ought to give a remedy. Would that some giant intellect might suggest methods and means of arresting the rapid increase of nervous disease, which so often brings about a condition worse than death, by dethroning reason in horrid insanity, or enable us to lessen in some measure the increase of cancer with its horrible sequelæ. Thanks to Jenner, we control in a great measure the loathsome pestilence. Thanks to sanitary science, with its hundreds of devout workers, cholera in its recent visit to the port of New York was met with this admonition—"thus far shalt thou go and no farther." Lessening the frequency of neurasthenia, insanity and cancer in any considerable degree would require a reconstruction of our entire civilization, a dethroning of the beastly moloch of fashion, the substitution of education for brain-cramming, and many herculean tasks before which one stands appalled. If we shall be able in the short time allotted to point out the evils in some measure and thereby increase the number now thinking and working in the same direction, it will be all we expect to accomplish.

## INCREASE OF NERVOUS DISEASE.

James Russell Lowell once said Americans were the most common-schooled and the least cultivated people in the world. Surely there is much done in our common schools that does not educate, and much more that destroys rather than cultivates the thinking capacity and individuality of the pupil. The brain-cramming buckram red tape of our schools, enforced by teachers who themselves are often nervous wrecks, like the sausage mill, annihilates the identity of brain and muscle brought within the revolution of its grinding cylinders. How cruel to overtax the brains of our girls at the critical ages of from ten to fifteen years, rendering them unfit for the physical duties of life, especially maternity, while their sunken chests make more apparent their projecting shoulder-blades, suggesting the sprouting of angel's wings and their progression toward the spirit world. The highest functional activity of each and every organ of the body gives the greatest assurance of development and continued good health of such organs. At the same time there must be accord between brain and muscle, if we would have the digestive, circulatory, respiratory, secretory and excretory systems performing their functions normally. Excessive and prolonged use of mental faculties during the period of their growth brings discord, destroying the normal affinity between the nerve cells and the passing blood stream so that the lecithin is not stored up in the nerve cells to nourish them and maintain the tone of the nervous system.

"By curious art the brain so finely wrought  
Preys on itself and is destroyed by thought.  
Constant attention wears the active mind,  
Blots out its powers and leaves a blank behind."

"The nervous system of a child," says a recent writer, "is very susceptible to permanent injury. To condemn a young creature of delicate organization to daily long hours of brain work, at a time when all the vital energy should go towards bodily development, is a blunder that is little worse than a crime. It is by such forced methods of early education that the neurotic constitution is frequently acquired." The literature



which many young people read is erotic, neurotic and Tomyrotic. This being true, and hearing the pitiful stories of teachers who insist that during the two or three latter months of our nine months city schools, the pupils dread their lessons and cannot master them near as readily as in the earlier part of the season, we pause and seriously reflect upon the proposition whether or not our so-called education, very expensive and much lauded school system, adds or subtracts from the great sum total of human life and human happiness. These questions are being discussed and ventilated and are having their hearing constantly from the rostrum of the Women's Rights Conventions and the Social Economist. The time has come when they should have a hearing from the consulting-room of the physician. We ask ourselves in this day and age of the world where such mothers are to come from as they who gave America a Webster, a Garfield, a Grant and a Lincoln. They had little education but good physical organizations. Echo answers, where? What a loss the world would have sustained had these women as girls been pushed through some of our modern schools and dressed according to the fashions of the day. Of course there yet remain localities remote from great centers of populations with parents so poor that they must raise their girls to work, and whose scanty income forbids them dressing in modern fashion. From these and from foreign countries there still come good muscle and healthy nerves, but with the onward march of civilization the murderous city school and the fashion vender will in due time accomplish their mission. Our foreign women soon become Americanized by getting American health. Notwithstanding our clergy expound the laws of God against sin, and our courts put the death penalty on murder in the first degree, the fashionable sentimentality of the day induces wives to conspire with their husbands, druggists, and sometimes their doctor, to commit murder, *foul murder*, in the first degree of their off-spring's existence. The larger families of our parents and grandparents are no longer seen. Landlords seriously object to renting their tenement houses to people with children, and thus the sickly maudling sentiment which seeks to replace the life-giving



music of children's voices with the twitter of caged birds, or satiate maternal love with the companionship of pug-nosed dogs, is at a premium. It is our proud boast that our country is free from the curse of slavery because we turned free a few million colored people. There are tens of millions of good women who bear the hallowed name of mother, of wife, of sister or daughter, who are being tyrannized over by the great moloch of fashion, who, like an exhaust pump, is sucking the life out of them, and doing it so gradually that they don't know what is killing them. A more blighting curse than was ever encompassed by the enslavement of the Southern negro is sweeping over our vast country, hailed and welcomed by modern society. I refer to prevention of conception and the production of abortion.

Dress may do much to make up for the deficiencies of physical development, to add beauty, grace and comeliness to the form. The tinsel of ornament and dress may do much to please the eye, but it can never appease the anguish of ruined health and broken spirit. The waist contracted by corsets and skirts which should be suspended from the shoulders, constricting the diaphragm and crowding it upwards, more in the shape of a half closed parasol than a well developed muscular partition between thorax and abdomen, the powerful development of which, together with its ascent and descent in inspiration and expiration, contributes more largely than any other muscle of the body to the development and maintainance of chest capacity, the great foundation stone of physical or mental endurance.

Would that some Lincoln might issue and enforce an emancipation proclamation relieving woman from the tyranny of fashion, and opening their eyes to the fact that the originators of fashion have a mercenary motive in view, and not the ultimate happiness of woman-kind.

From a very able article by Prof. Wm. B. Fletcher, of Indianapolis, read before this society in 1887, I quote, "It was since the dawn of the Christian era that insanity has had its full development, and made such steady growth that within a century and a half it has increased in Christian countries from one in three thousand to one in about five hundred, and is

steadily on the increase, until finally we may reach the point, which Mr. Beecher surmised, that we had better build asylums for the sane and let the so-called insane manage the world. What are the causes, real or apparent, for this increase of mental derangement and general nervous disorder? Are men changing their physical constitution, with a growing tendency to develop organic and functional disease of the nervous system, particularly in the so-called civilized world? I would answer in brief, that we may find sufficient cause if we examine.

1. The religious and moral conditions of the people.
2. Their education and occupation.
3. The accumulation of bad inheritances.
4. The modern cultivation of disease, and the meagre means used to suppress it."

By these figures we see that unless a halt is called the time will come when there wouldn't be sane people enough to take care of the insane. From some data obtained from Drs. Thompson and Masters, leading oculists of our city, I learn that the number of children and adults wearing glasses is steadily on the increase. "I find," says Dr. Masters, "that 34 per cent. of eye diseases are due to lesions situated behind the cornea or that part of the eye which is best examined with the ophthalmoscope, an instrument which was not invented by Helmholtz until 1851. It was only by the use of this instrument that it was possible to examine the interior of the eye-ball and determine the pathological conditions there present, This of course gave rise to more careful study of impaired functions and led to a great number of lesions being discovered. It also led to more careful study of refractory troubles and disturbances of other organs, especially the brain coming from them. When we stop to think that six of the twelve cranial nerves are distributed to the eyes it is not strange that we should have so many disturbances about the head from weak eyes and unbalanced muscles. It is also not strange that all these conditions should be on the increase since it is only within the last generation that our nation became a reading people. Many of us can remember when the books in the house were few and when daily papers were a luxury enjoyed only by a



few, while now books and daily papers find their way into almost every house, so instead of the eyes being used for merely grosser visions, they are now called upon to read fine print. Others engage in fine needle work or in constant use in new and hitherto unknown mechanics. As a result any defect, however slight, in the eye demands correction. So we see many persons wearing glasses where formerly we saw few. Here again unless a halt is called, even young people not needing glasses will be the extreme exception to the general rule.

#### HEREDITY.

In the alarming increase of the numbers with defective vision suffering from nervous disease, insanity and cancer, heredity plays an important part. It so happens that our State Fair is held North of our city. The cattle and horses have been annually taken out Delaware street. As I see them passing I note the wonderful results of careful breeding and cannot help compare the difference in the brute creation with what I have seen in my many years service in hospitals and dispensaries. The fact has been well brought out by those engaged in the study of heredity in connection with the criminal classes and shows conclusively that the degeneracy of our race is in a considerable measure due to the marriage and inter-marriage of criminals, syphilitics, epileptics, drunkards, etc. Among the savages the strong survive but the feeble perish. In the brute creation only the finer specimens are allowed to reproduce their species, but one of the universal tendencies of civilization is a class of beings degraded physically, mentally and morally, whose members recklessly propagate a large per cent of idiots, lunatics, syphilitics and criminals.

In securing a life insurance policy the individual must state truthfully all the diseases he has had. If he makes a false statement the policy is forfeited. Oh! if parents could secure from young men such a written contract when life's policy calls for their daughters in wedlock. (The young man's statement need not include diseases caught in the atmosphere of the Sabbath-school room.) This cannot be, and the purest and best of young



women are often induced to marry the young man whose undue flattery and exceedingly fascinating ways bespeak a familiarity with many kinds of women. If a child is born to them it may be as speckled as a coach-dog, with copper colored eruption. The tint in his blood may have come from parents or grand-parents long since dead.

"To see how vice its vengeance wreaks  
On the frail babe before it speaks,  
And how heredity enslaves  
With ghostly hands reached forth from graves."

The third problem which must inevitably engage our profession during the coming century is the steady increase of malignant disease. From a lecture delivered Nov. 5, 1895, before the New York Academy of Medicine, by Dr. Joseph D. Bryant, I obtain some very startling, almost appalling statistics. In England, from 1865 to 1889, the death-rate from cancer to the one-thousand living has gone up from 37-one-hundredths to 64-one-hundredths. In London alone the increase was from 50 to 79-one-hundredths. In Berlin (this includes cancer and tumor) the per cent has increased, from 1874 to 1892, from 62 to 69-one-hundredths. In Vienna, from 1874 to 1890, the increase was from 100 to 123. In Paris, from 1886 to 1893, the increase was from 102 to 103. In Munich, from 1883 to 1893, the increase was from 93 to 104. In New York, from 1874 to 1893, the increase was from 40 to 53. In Philadelphia, from 1874 to 1893, the increase was from 40 to 55. In Boston, from 1874 to 1893, the increase was from 31 to 55. In New Orleans, from 1874 to 1893, the increase was from 42 to 66. In San Francisco, from 1874 to 1893, the increase was from 27 to 64-one-hundredths.

(TO BE CONTINUED.)

---

A bill prohibiting the sale of milk containing tubercle bacilli will be submitted to the legislature of New York by the State Board of Health. A clause in the bill requires that milkmen produce evidence that their cows are non-tuberculous, said proof to consist of a certificate issued by the board or its representa-

*CONSERVATISM IN THE TREATMENT OF INJURIES  
TO THE EYE.*

By DR. GEORGE F. KEIPER,

Lafayette, Indiana.

Eye and Ear Surgeon to St. Elizabeth Hospital, St. Joseph Orphan Asylum, Etc., Etc.

In the beginning of this paper the writer desires to qualify its title by referring to those injuries which apparently have destroyed the eye ball and which seem to demand enucleation. It is my belief that each year surgeons sacrifice scores of eyes which might have been saved with at least a fair amount of vision without in the least endangering the fellow eye. However, we must not forget that in many cases attempts to save injured eyes are useless and dangerous. Where an eye ball has been cut wide open so that total collapse has taken place from loss of vitreous, aqueous and lens but one thing can be done and that is to enucleate immediately. Where a piece of metal has flown into the vitreous which cannot be removed by any method usually used to remove it, enucleation is indicated without cavil. But in a class of cases, to whose personal histories we shall refer, haste is to be deprecated. Sympathetic inflammation usually does not appear in the fellow eye until ten to fourteen days have elapsed. If a patient comes with a perforation of any of the coats of the eye by accident, he should be put under immediate observation so that the fellow eye may be tested at least twice daily. The most efficient and acute method is that of Dr. George De Schweinitz, of Philadelphia, who says: "A premonitory symptom of great importance, and one which should always be searched for in cases in which sympathetic irritation or inflammation is likely to take place, is an almost characteristic tenderness in the ciliary region, frequently in a circumscribed spot, which may be picked out with the end of a probe. When this is pressed upon, the patient shrinks from the touch in a peculiar and striking manner." The picking out process must be done through the closed lid. Spots of tenderness are thus discovered which the tip of a finger cannot find. Moreover this symptom is apparent thus before the other symptoms of photo-



phobia and lachrymation appear. If one desires he may examine the eye with the ophthalmoscope, though hardly necessary except to confirm the diagnosis. The following cases are a few of those in which the spirit of conservatism had been manifested with complete success:

Patrick H., a master mechanic of the L. E. & W. Ry., is the first case. This case was reported to the Indiana State Medical Society in May, 1892. He had carried a piece of steel in his left iris for 27 years, with three attacks of iritis at different times, through which he successfully passed. He was first seen by me Dec. 10th, 1891, with a new attack of iritis of unusual severity. He was examined twice daily. On Dec. 15, 1891, a tender spot appeared in the right eye. I advised removal of the piece of steel, which if unsuccessful meant removal of the eye-ball. Though the eye-ball was intensely inflamed yet with a 10 per cent solution of cocaine, we succeeded in removing the piece without in the least disturbing the iris. The recovery was prompt and uninterrupted. The vision of the injured eye was 20-20 at the last examination. The tender spot disappeared promptly from the right eye.

The next case is one equally rare. Sylvester F., of Ambia, Ind., appeared Sept. 20, 1892, with his right eye failing him rapidly in vision. Photophobia and lachrymation were present in the left eye. While threshing, August 20, 1892, he was struck in the right eye by a wheat stalk. He paid very little attention to it, until inflammation became so intense as to demand attention. Treatment was begun to allay the iritis in which we were succeeding until October 20, when a tender spot appeared in the left eye. The vision of the right eye was reduced to 20-100 and the vitreous cloudy. A piece of the beard was sticking in the iris. He consented to an attempt at removal. This was immediately done under cocaine anaesthesia and the piece successfully removed. The tender spot, photophobia and lachrymation all disappeared and the vision of the right eye was ultimately 20-30, where it remains.

We pass by several cases and come to one named Al. S., who appeared September 9, 1895, with a badly inflamed eye, which he had been advised to have removed. He was injured about a

dozen years ago by a file point entering his eye. This caused absorption of the lens. Careful examination of the left eye revealed not a symptom of sympathetic inflammation. Treatment was instituted, both locally and generally, for he was a syphilitic. By September 21 the bad eye recovered so that with a + 10 D lens his vision is 20-40. Not one of the classic symptoms of sympathetic inflammation has since appeared.

October 20, 1895, Mr. Charles S., while pulling down sticks in the woodshed had the misfortune to have one drop into his left eye which opened the vitreous chamber from the ciliary region backward about one fourth of an inch. He came to the office within two hours after receipt of the injury. This was a typical case for immediate removal. The vision was nil. Prognosis bad. However, under treatment, the hemorrhage into the anterior chamber cleared up and likewise the little in the vitreous chamber. No tender spot ever appeared in the right eye. In one month the healing was complete and the vision is 20-20. The lens is partially but slightly dislocated.

These cases teach us that every means known to medical science should be used and exhausted before the radical measure of enucleation is resorted to. Eyes, which we are positive will be useless, recover marvellously sometimes. Moreover, in such doubtful cases, we can afford to wait if we are vigilant. In fact there is a great advantage to be gained if treatment is not successful in saving the eye. In the meantime we have had rather a severe inflammation, which produces inflammatory products, which enter upon a stage of organization. Thus we have after an enucleation a better stump for the reception of the artificial eye than we might otherwise have had. It is also true that such an eye is more tedious of removal because of the numerous bands of adhesion to sever, but the subsequent result of having the patient to wear an artificial eye which cannot be told from the good eye is certainly gratifying to physician as well as patient.

---

Sir Henry Thompson, surgeon, lately received a legacy of \$500-000 from a patient, and now the dissatisfied heirs are trying to nullify the bequest.



## *THE RELATION OF THE SEXUAL FUNCTION TO THE EYE.\**

By F. C. HEATH, M. D.

Eye and Ear Surgeon to the City Dispensary, Indianapolis, Indiana.

The exaggerations of quacks as to the effects of self-abuse and sexual excesses in both sexes and the well known tendency, even of reputable physicians, to attribute all the ills of women to the uterus, should not cause us to lose sight of the real facts concerning these important matters.

A short study of the relations of the sexual functions to the eye—opening a field but little cultivated—would certainly not seem amiss.

Eye affections from venereal diseases, such as gonorrhoeal ophthalmia, and syphilitic iritis, choroiditis, retinitis, etc., will be recognized as beyond a scope of this paper, and may be passed over with no further remark than that they are quite frequent and are among the most destructive of all diseases of the eye.

It will be convenient to study the subject first as applied to males. The literature is meagre. Gross gives asthenopia as a symptom of impotence, and Morrow says muscae volitantes, asthenopia and dilation of the pupils are well attested symptoms of spermatorrhoea.

The writer has observed conjunctivitis and blepharitis as effects of masturbation and excessive venery. This is to be explained probably in this way—the excesses caused or aggravated a nasal catarrh and this in turn caused the conjunctivitis, as it frequently does.

The effect of disturbed circulation is also to be considered and the shocks to the nervous system and general condition as well. In fact, the asthenopia and other symptoms given by Morrow are undoubtedly from the neurasthenic condition produced by excesses.

In a case of partial atrophy of the optic nerves, now under treatment, the writer is inclined to question whether it may not be due to the effects of excessive venery upon the nutrition of the nerves, or secondarily through its effects on the brain; for

\*Read at Mitchell District Medical Society, Bloomington, Indiana, December, 26th, 1895.

onanism and excessive venery are classed among the causes of insanity, and if they can cause lesions of the brain, why not of the other parts of the nervous system, especially a part so easily affected as the optic nerves? This is submitted neither as a fact nor settled opinion, but simply as a query.

Masturbation and excessive venery may produce in females results similar to those noted in males. Hartridge says: "When leucorrhoea exists in young unmarried women with troublesome asthenopia, masturbation may be suspected." It should be noted that he says *suspected*, for the leucorrhoea and asthenopia might be due to uterine trouble. Hunter gives the following opinion, endorsed in the excellent papers of Pooley and Ayres: "I have, in many cases, been so accustomed to hear the eyes complained of when there was chronic uterine disease that I believe there is no doubt as to the connection between the two ailments. In bad cases of lacerated cervix uteri, where there is much dense cicatricial tissue, patients complain of weakness of the eyes, that they tire easily in reading or writing and often ache. These symptoms I have known to disappear within a few months after operation for the cure of lacerated or indurated cervix."

Noyes gives muscular asthenopia as a result of uterine disorders and De Schweinitz finds neurasthenic asthenopia frequent in women subjects of ovarian or uterine disease, hysteria and chlorosis.

Two of Pooley's cases are especially interesting; one in which asthenopia and dysmenorrhoea with hemorrhages from fungosities of the uterus were entirely cured by curetting the uterus, the other where the asthenopia ceased with the replacement of the retroflexed uterus.

Some women have asthenopic symptoms during the period of even normal menstruation and Dr. George E. Jones has a case in which there was convergent strabismus a short time before the menstrual flow, lasting until this was well established and followed by a period of pain.

The writer's experience coincides with that of Ayres, who found that previous to the development of menstrual function in girls from twelve to fourteen years of age, the asthenopic



symptoms are very much aggravated. In pregnancy and during the period of lactation similar symptoms are noticed.

But much more serious effects than eyestrain are sometimes produced by uterine diseases and menstrual disorders.

Fuchs and Noyes find choroiditis, and the latter, also a low grade of neuritis, with choroidal lesions at the macula.

Retinal hemorrhages, as well as choroiditis and chorio-retinitis, have come under the writer's observation. A striking case is reported by M. Dor: "A girl in whom the catamenia had not yet appeared but who had hemorrhage in each vitreous, the blood disappearing and reappearing at intervals. When menstruation at length supervened with regularity, the hemorrhages and amblyopia which accompanied them disappeared and did not return."

Courserant had a case of hemorrhage in the macula, with blindness, in a case of sudden suppression of menses from getting wet and chilled. There was complete recovery of sight in seven months.

Nuel's case of dimness of vision and contraction of the field was much improved by the replacement of a prolapsed womb.

Gibbon had a case of amblyopia in lactation, with recovery from supporting treatment and weaning the child. The vomiting of pregnancy may lead to retinal or choroidal hemorrhage, sometimes with permanent impairment of vision. Albuminuric retinitis has been frequently observed in pregnancy, and the vision saved by early delivery as in the case reported by Dr. Kemper in the December number of the Indiana Medical Journal.

Dr. Wadsworth reports a recovery of good vision even where there was detachment of the retina with albuminuria of pregnancy. Ayres, of Cincinnati, had a case of chorio-retinitis occurring at menopause with partial recovery under treatment. Uterine hemorrhages frequently cause blindness, usually temporary.

The photophobia and amblyopia of hysteria are familiar to all oculists. Ayres cured a case of the former by putting an eye speculum between the lids. Some strong mental effect, suggestion or deception, will accomplish wonders in hysterical blindness, and it is probably in some such cases that men like Schlatter,

and the Pittsburg priest get the reputation of performing miracles.

A sufficient number of cases, probably, have been cited to illustrate the relation of sexual functions to the eye; it remains only to add a few words in explanation. Menstruation produces its effects by disturbing the circulation; as to the effects of suppression, displacements, etc., Mooren says: "It must be conceded that the sudden cessation of the physiological functions of the uterus causes a venous hyperaemia which, on its part, will bring about a stagnation of blood in remoter localities. In the same way all such conditions—parametritic exudation, retroflexion, ante-flexion, descensus, prolapsus, tumors, etc.—must have an analogous effect upon the pelvic organs."

In some cases there seems to be a reflex neurosis. Engelman observed "upon making an application of iodine to the cervix uteri, that there was severe pain behind the left eye and a sensation as if it were pushing out," lasting until the effects of the iodine had passed off and returning every time the treatment was renewed. Noyes, on the other hand, found pain in the region of the ovaries caused by eye defects. Mooren had a case of metritis causing episcleritis; putting in a pessary or making an application to the uterus made the episcleritis worse invariably. These things seem to indicate the reflex nature of the phenomenon. But the relation is often obscured and will require much further study to unravel the mystery.

A neurasthenic condition and general debility consequent upon the uterine and other troubles must also be considered as factors in the problem.

This brief study is necessarily imperfect and unsatisfactory, but it will not be made in vain if any oculist, gynecologist, or general practitioner be made more alert in his practical work to find the relation herein suggested.

---

The people of Great Britain consume between six and seven million pills daily. Supposing these round masses to average three grains each, they would aggregate a ton in weight.



## SOCIETY PROCEEDINGS.

---

### DELAWARE DISTRICT MEDICAL SOCIETY.

(CONTINUED FROM THE JANUARY NUMBER.)

"THE MANAGEMENT OF PURULENT OPHTHALMIA," was the title of a paper presented by Dr. John J. Kyle, of Marion. The essayist stated that all mucous surfaces have an investment of either squamous or columnar epithelium, and that as the conjunctiva, pharynx, esophagus, urethra and vagina are recovered with columnar epithelium, treatment advocated for membrane of this type in one location will hold in whatever location such epithelium is found.

Purulent ophthalmia is essentially an infectious disease, due to the introduction of pyogenic bacteria, as a rule the gonococcus or one of the pus forming cocci. The conjunctiva is provided everywhere with acinous glands opening upon its surface, the alkaline secretion of which possesses active microbicidal properties which tend to effect the destruction of the many micro-organisms of the eye. Gonococci, however, are but slightly effected by this secretion, and when once established in the conjunctival tissues produce a severe purulent inflammation which threatens destruction of the sight through interference with the nutrition of various parts, the cornea in particular.

On examination of a patient suffering from purulent ophthalmia the lids, especially the upper, will be found swollen, engorged, and the mucous membrane of a dark red color. In the adult, pain, photophobia, and lachrymation will be prominent symptoms. In all cases the most notable feature is the exudation of pus in more or less profuse quantities.

The author stated that cleanliness was of the utmost importance in treatment and recommended as a solution for that purpose the following:

℞ Acidi boric. . . . . gr. v.  
 Sodii chlor. . . . . gr. v.  
 Acidi carbol. . . . . gtt. i.  
 Aq. dest. . . . . oz. i.  
 M. Boil and filter.

In an infant the eyes should be cleansed every half hour with the above solution, or with a solution of corrosive sublimate 1 to 6000 or 8000. In conjunction with this treatment the physician should apply once daily to the everted lids, by means of a camel's hair brush, a solution of nitrate of silver, 8 grains to the ounce, the effect being graduated by washing the painted surface with warm water.

The author discouraged the use of ice compresses, so commonly employed, on the ground that cell nutrition is interfered with.

The treatment advocated by Dr. Scott, of Cleveland, as highly recommended by many ophthalmologists, can be used in conjunction with any treatment, though Dr. Scott claims that no other treatment is necessary. The following is his prescription:

℞ Hydras. sulph. . . . . }  
 Acidi borici. . . . . } aa gr. v.  
 Sodii biboras . . . . . }  
 Tr. opii deod . . . . . 5 ss.  
 Ad. dest. . . . . 3 i.

M. Filtra et sig. To be used in the eye six times a day.

Under Dr. Scott's treatment it is claimed that the patient should make a satisfactory recovery in from seven to ten days, while under the ordinary treatment recovery requires from three to seven weeks.

Dr. Kyle then gave the history of an interesting case of ophthalmia neonatorum treated by Dr. Scott's method, as well as with applications of nitrate of silver. On the sixth day the eyes were entirely free from pus, but three days later the child was effected with what was supposed to be gonorrhoeal rheumatism, the right shoulder and right wrist being swollen, inflamed and painful to the touch. This complication subsided under the administration of oil of gaultheria.



As prophylactic treatment Dr. Kyle recommended Crede's method, which consists in instilling a drop of a 1 per cent solution of nitrate of silver into each eye of the new born child when there is any suspicion of development of purulent inflammation. In the adult, when the inflammation is found in one eye, the fellow eye should be hermetically sealed to prevent its inoculation.

#### DISCUSSION.

*Dr. Heath, of Indianapolis.*—"The doctor has given us an excellent paper on a practical subject for general practitioners as well as oculists, as these cases are frequently seen first by the family doctor. They often result in blindness, especially if neglected, but this can be averted by early treatment, at least in children. In adults the prognosis is grave even with the best of treatment.

I agree with the doctor in relying on frequent cleansing with boric acid solution, cold applications, and painting the everted lid with nitrate of silver solution.

Kalt, of Paris, has recently advocated irrigation with solution of permanganate of lime and later permanganate of potassium, and Barabaschef has used formaldehyd. As to Scott's hydrastis solution, mentioned in the paper, while I do not deny that it has some virtue, I object to claiming it as a specific and would caution you not to rely upon it to the exclusion and neglect of the silver and other measures in serious cases."

*Dr. Conley, Gas City.*—"I have used the Scott treatment, as outlined in the paper, very satisfactorily to myself and patients and feel that where it has resulted otherwise with me that the fault has been with me rather than with the method."

*Dr. Kemper, of Muncie.*—"In a very extensive obstetrical practice extended over many years I have seen very little of the disease described by the paper. It must be that our people are freer from vice than those in the communities in which the gentlemen practice that have spoken. The silver treatment is valuable I believe in the cases in which it developes."

*Dr. Lord, of Marion.*—"I think that if an eight or ten grain solution of silver were to be dropped into the eye of the physician occasionally that he would be much less ready to use

it. The pain caused by even a moderate strength solution is very great."

*Dr. Kyle* in closing said that silver of any strength was not left in the eye. It is applied and as soon as it has come in contact with the affected surfaces it is washed away by water, thus graduating and limiting its irritative action.

---

### UPPER MAUMEE VALLEY MEDICAL ASSOCIATION.

---

For the benefit of those of our subscribers who are interested in the organization of a district medical society which shall include in its membership physicians located in North-Eastern Indiana and North-Western Ohio, and who may not have received notice of the preliminary meeting, we reproduce the circular letter which has been sent to all regular physicians, whose addresses could be obtained, in the territory named.

FORT WAYNE, Ind., January 17th, 1896.

DEAR DOCTOR:

You are cordially invited to join in the organization of a district medical society, which we suggest shall be called the "Upper Maumee Valley Medical Association," the first meeting to be held in Fort Wayne, Indiana, February 18th, 1896, and subsequent meetings at such places and times as the society may elect. We propose that an attempt shall be made to solidly organize the regular profession in the counties of Allen, Adams, Wells, Whitley, Noble, Dekalb, Wabash, Kosciusko, Huntington, Elkhart, Lagrange and Steuben, in Indiana, and Williams, Defiance, Paulding and Van Wert, in Ohio, and including such regular and reputable physicians outside of this territory as may desire to join.

It is our belief that a more intimate relationship both social and scientific, would inure to the benefit of all concerned. The interchange of thought and experience incidental to such gatherings is stimulating and helpful in the highest degree. The multiplication of conventions, societies, associations, etc., during the last decade in so many special lines of work is simply a growing recognition of this fact. Shall we not profit by it?

Will you not contribute to the success of the initial meeting by presenting a paper on some topic of current practical interest, which shall not occupy more than twenty minutes in reading? If so, will you kindly communicate your intention and the title of your paper to Dr. G. W. McCaskey, the chairman of the committee. With the paper so announced a program will be



arranged so that we can proceed with the scientific work without wasting time on the relatively unimportant details of organization. These programs will be mailed as soon as possible after February 1st.

In order to assure a respectable standing in the personel of the proposed association this invitation will only be sent to the members of County Socities where such exist and published lists are accessible. If any of the members of your society, or in the absence of such society, if any regular reputable physicians have been inadvertently overlooked in mailing this circular, please extend to them an invitation to be present or to send us their names and we will mail them copies. The secretaries of County Societies will receive a few extra copies which they will please send to any of their members who may not be included in the published list for 1896.

Respectfully,

G. W. McCASKEY, Chairman.

MILES F. PORTER,

K. K. WHEELOCK;

W. H. MYERS,

C. B. STEMEN,

CARL PROEGLER,

E. E. MORGAN,

W. P. WHERY,

H. A. DUEMLING,

A. E. BULSON, JR,

L. PARK DRAYER,

E. J. McOSCAR,

GEORGE C. STEMAN,

B. VAN SWERINGEN,

A. P. BUCHMAN,

Committee.

Up to time of going to press the following papers have been announced for the meeting:

"What can the General Practitioner do in Injuries of the Intestinal Tract.".....By George R. Greene, M. D., Muncie, Ind.

"Home and Hospital."..... By Norman Teal, M. D., Kendallville, Ind.

"Operative Relief for Inguinal Hernia." .....  
.....By Fred J. Hodges, M. D., Anderson, Ind.

"Some Impositions on the Medical Profession.".....  
.....By Charles E. Slocum, M. D., Defiance, Ohio.

"Dysmenorrhoea and Its Complications." .....  
.....By Alice B. Williams, M. D., Columbia City, Ind.

"Some Remarks on the Medical Colleges of Ohio.".....  
.....By J. K. Woods, M. D., Van Wert, Ohio.

"My Experience With Malarial Fever." .....  
..... By R. L. Crooks, M. D., Convoy, Ohio.

"Some Salient Points in Pneumonia." ..... By L. Clark, M. D., Elkhart, Ind.

"The Climates of Florida as a Winter Resort for Invalids.".....  
.....By C. M. Dolph, M. D., Pleasant Lake, Ind.

"Malaria and Its Sequellae.".....By J. H. Omo, M. D., Harland, Ind.

"Temperance From a Medical Standpoint." .....  
.....By J. W. Squires, M. D., Cherubusco, Ind.

"Diphtheria.".....By W. H. Myers, M. D., Fort Wayne, Ind

- "The Prodromal Symptoms of Insanity, Their Diagnosis and Treatment"  
 .....By G. W. McCaskey, M. D., Fort Wayne, Ind.
- "Management of Muscular Asthenopia." .....  
 .....By Albert E. Bulson, Jr., M. D. Fort Wayne, Ind.
- "Diabetes, Its Modern Treatment." .....  
 .....By Carl Proegler, M. D., Fort Wayne, Ind.
- "Report of a Case of Exophthalmic Goitre. ....  
 .....By B. Van Sweringen, M. D., Fort Wayne, Ind.
- "The Treatment of Caries of the Auditory Canal by Mastoidectomy."..  
 .....By K. K. Wheelock, M. D., Fort Wayne, Ind.
- "Dilatation of the Stomach.....By A. P. Buchman, M. D., Fort Wayne, Ind.

---

### SIGNIFICANCE OF VAGINAL DISCHARGES.

A leucorrhœa inodorous, or of mild odor, persisting during the climacteric, accompanied by increasing hemorrhage, is suspicious, and demands investigation. A leucorrhœa profuse, of peculiarly fetid odor, grumous, excoriating, appearing early or late during the climacteric, with profuse hemorrhage, is reasonable evidence of cancer of the cervix. A leucorrhœa, moderate in amount, ill-smelling (the peculiarly fetid odor of cancer of the cervix being absent), accompanied by hemorrhage, suggests cancer of the corpus uteri. A leucorrhœal discharge with hemorrhage, containing material like the washings of meat, is said to indicate sarcoma. A watery discharge, as a rule, occurring during menstruation, odorless or of little odor, persisting, accompanied by profuse hemorrhage, indicates fibroids; with little or no hemorrhage, polypi. Profuse bloody discharges coming gradually with declining menstruation, ceasing usually with the menstrual flow, point to fibroids. Persistent profuse discharges of blood occurring spontaneously, arising from sudden exercise or coition, occurring, as a rule, after the menopause, indicate cancer. The early recognition of malignant disease and the possible prevention of that fatal exhaustion which accompanies it by the administration of drugs, and the application of those methods which, in a measure, may be supposed to offset the terrific drain on the nervous system, inasmuch as present experience shows that early removal of diseased tissue prolongs life, and the importance of early diagnosis and treatment, can hardly be overestimated.—  
*Pacific Medical Journal.*



# Fort Wayne Medical Magazine.

---

VOL. IV.

FEBRUARY.

NO. 2.

---

## EDITORIAL STAFF:

ALBERT E. BULSON, JR., B. S., M. D., MANAGING EDITOR,  
19, 20, 21 Pixley-Long Building.

MILES F. PORTER, A. M., M. D.,  
47 West Wayne Street.

GEORGE W. MCCASKEY, A. M., M. D.,  
107 West Main Street.

BUDD VAN SWERINGEN, M. D.,  
26 West Wayne Street.

FRED J. HODGES, B. S., M. D.  
Anderson, Indiana.

---

A Journal of Medicine and Surgery, Published between the 1st and 10th of every month. Price, \$1.00 per Year, Postage Paid.

This Journal is devoted entirely to the advancement of medical science. Essays, Clinical Reports and Personal Communications of a medical nature are solicited. All Contributors are responsible for their own utterances.

All Communications, Subscriptions and Books for Review should be addressed to the Editor of THE FORT WAYNE MEDICAL MAGAZINE, 21 Pixley-Long Block, Fort Wayne, Indiana.

---

## EDITORIALS.

### A NEW DISTRICT MEDICAL SOCIETY.

The regular medical profession of North-Eastern Indiana and North-Western Ohio will meet in February 18th for the purpose of organizing a new District Medical Society. A circular letter to this effect was mailed to every member of the county societies in Allen, Adams, Wells, Whitley, Noble, Dekalb, Wabash, Kosciusko, Elkhart, Huntington, Lagrange and Steuben, in Indiana, and Williams, Defiance, Paulding and Van Wert, in Ohio.

Official lists of the societies in the Ohio counties were not accessible, but an attempt was made to mail circular to regular physicians.

The responses received by the chairman of the committee have been most gratifying. If these can be taken as a reliable

indication there will be the largest and most enthusiastic gathering of physicians ever witnessed in this section of the country. We earnestly appeal to the profession within the territory, especially included in the call, to turn out *enmasse*, and lend the helpfulness of your presence and your voice, in this important enterprize. If there is the unity of action which we believe there ought to be it will mark an era in the progressive development of the medical profession of the Upper Maumee Valley. The writer alway feels that he is a better qualified physician every time he emerges from the discussions of a "live" medical society, and he does not believe that his experience is in this regard unique.

The meeting will not have for its sole object the perfecting of an organization. This, it is hoped, will occupy but little time. There was included in the circular letter above referred to an invitation to present a paper at this initial meeting. At this writing about fifteen papers, upon a large varity of topics, have been announced. Printed programs will be mailed soon.

The city authorities have courteously placed at our disposal the elegant council chamber, in the beautiful new City Hall. As a meeting place, it is every thing our hearts can wish. Let us take a day off and give our patients twenty-four hours of "expectant treatment." It will at least do the doctors good.

M.

---

### THE NEED FOR VETERINARY SUPERVISION OF CATTLE.

A case has just come to our notice which brings out a new phase of this question.

All pathologists recognize the fact that tuberculosis is frequently transmitted to the human family by the consumption of infected meat and milk. Osler says it is most often communicated by the latter, which is generally served uncooked, and cites the frequency of intestinal tuberculosis in children as a proof of this method of infection.

Now it is comparatively easy to look after the health of the cattle on large dairy farms, for many of them need the service of



a veterinary surgeon and employ one regularly for all cases of sickness occurring in their stock. And some herds are regularly inspected for evidences of tubercle. But how are we to deal with cows owned by private families? They are scattered throughout the cities and no record or supervision kept of them. Often too, several families are supplied from this cow about whose health nothing is known.

One of these cows, owned by a private family and kept for their own purpose, recently sickened and died. A veterinary surgeon was called to make a post-mortem examination to determine whether the carcass would be fit for the family's consumption, when it was determined that she had succumbed to pulmonary tuberculosis.

A child in the family had previously died of tuberculosis and it is now a question as to whether or not she acquired the disease by drinking milk from the infected cow.

Another family who used the milk has a child with a tubercular knee-joint, to whom, if not positively dangerous, it would have been manifestly unwise to administer milk in which the bacillus of tuberculosis existed, and run the risk of a new infection.

We are all of us, no doubt, often exposed to the contagium of tubercle, and owe our continued immunity to our powers of resistance, (phagocytosis?), but we do not like to *know* that we are exposed and it is very proper, aye even imperative that we protect ourselves from every possible chance of such exposure, for some of us there be, who, under an inoculation, under favorable circumstances, will fall victims to the dread scourge. To this end we should provide in some way for the inspection of *every* source of milk and food-supply. S.

---

#### RESIGNATION OF DR. FREDERICK C. WOODBURN.

Dr. Frederick C. Woodburn, of Indianapolis, the Secretary of the Indiana State Medical Society, has tendered his resignation of that office to the President, Dr. Miles F. Porter. The resignation was accompanied by all the papers, seal, etc, that pertained to his duties, which action, of course, implies an absolute

refusal to serve. His work now devolves upon the Assistant Secretary, Dr. Kent K. Wheelock, of Fort Wayne, Ind., to whom all letters and reports should be sent. S.

---

### INTELLIGIBLE TITLES FOR PUBLISHED PAPERS.

When a medical man offers a paper for publication it is presumed that he has, or thinks he has, something of importance to say to the profession, either in the way of results of original study or experiment, or of observation or experience which may tend either to confirm or to refute propositions previously advanced by others. Since editors have, as their sole *raison d' etæ*, that nothing else shall find its way into the columns of the legitimate press, we may assume that every published article has its real value in some one of these directions. It may be stated as axiomatic that published articles are of value just as far as they are accessible to the profession. To this end—that is to increase their accessibility—since the mass of periodical medical literature of to-day far exceeds the reading ability, to say nothing of opportunities of even the most industrious among us, various indices have been made that enables those who wish to utilize the studies and observations of others, to do so by selecting for study such papers as are shown by their titles to be pertinent. The value of these indices, without which the exhaustive dissertations of the period would be out of the question, depends entirely upon the clearness of the titles of the papers listed. The frequently observed titles, “A Peculiar Case,” “A Clinical Lecture,” “Paralysis,” “Tuberculosis,” “An Hitherto Undescribed Condition,” and the like, are the bane of the busy man attempting to get together the references upon a given topic. The chances are a hundred to one that should he “run down” one of these “hermaphrodites” it will be found to have no reference whatever to the subject in hand, but if he fails to do so, he is irritated by the thought that perhaps by so doing he has neglected an important source of information. It takes but little thought and labor on the part of the writer to make his title mean something and thus save the time of those that come after him.



Nor are the editors of the profession free from blame. If the supervision of the substance of a paper is of value to the profession, how much more so is the supervision of the matter of titles.

The editor is presumed to be, and certainly should be much more familiar with such matters than are his contributors. He corrects errors in spelling and in the use of language, what excuse has he for neglecting the far more vital and important matter of titles ?

---

*The Magazine and Cosmopolitan for one year, \$1.60. Regular price of both when ordered separately, \$2.20. See last inside cover page.*

---

#### **DEATH OF WILLIAM WRIGHT JAGGARD, A. M., M. D.**

A letter just received from Dr. Parvin, of Philadelphia, contains the sad intelligence of the death in that city of Dr. Jaggard, of Chicago. It was generally known to Dr. Jaggard's friends that he had been in poor health for some time but they were not at all prepared for the news of his death, which it seems occurred during an operation for acute appendicitis.

It was the writer's rare good fortune to become, early in his student days, intimately acquainted with Dr. Jaggard, an acquaintance which has continued through the succeeding years and one to which I feel that I owe very much.

Dr. Jaggard graduated at Dickenson College, afterwards taking his master's degree in arts, as well as his medical degree, from the University of Pennsylvania, in both institutions carrying off numerous honors. He then served for a time in the hospitals, after which he entered the medical service of the United States Navy, where he served for two or three years, resigning finally to go to Vienna to engage in study along the line of his chosen life work, obstetrics and gynæcology. He remained in Vienna two years, finally locating in Chicago where he was almost immediately elected to the Chair of Obstetrics in the Chicago Medical College, succeeding Dr. Roller.

Medicine in Chicago, particularly in the department which engaged Dr. Jaggard's whole energy and learning, was at this

time in a state of transition from the empiricism of its pioneers to the rationalism of to-day, and many and turbulent were the discussions in the societies between the great body of the profession on one side and on the other a little knot of trained scientific observers and logic-minded students, of which Dr. Jaggard was always a conspicuous member and leader.

One of these discussions in particular, created wide-spread interest at the time. Dr. Jaggard presented a paper embodying the Semmelweis doctrine of puerperal fever, and it was attacked with great vigor by one of the older members of the society who demanded that the paper should not go upon the records of the Society, pointing out that should it do so and thus gain the weight of the Society's sanction, in the future every man that had a case of fever occur in his practice after labor, would be brought into court. The only reply to this argument was that such a course would be perfectly proper.

Dr. Jaggard's lectures, discussions and papers were each and all superb examples of the logical method as applied to medical thought or investigation, and may well serve as models for the present as well as future generations of students. Not long since, in talking with one of his former students, the latter remarked: "I consider Dr. Jaggard's course of lectures a liberal education (in philosophy) in itself." Such is the opinion of every physician who has been fortunate in being a student of Dr. Jaggard.

The scholar and scientist, the friend and champion of rational medicine and its followers, the polished and affable gentleman is gone, but he has left an indelible imprint upon western medicine and upon the minds and hearts of his fellow practitioners and the people generally. His memory will linger like the sweet perfume of beautiful flowers.

HODGES.

---

### STOP KILLING THOSE GERMS.

The sanguinary crusade against the poor little germ has gone too far. After all the mean things we have said about it, and the vituperations we have heaped upon it, this little interrogation point between two worlds—the vegetable and animal—has gone



into an open court and bids fair to get a verdict not only of having a justifiable existence but of being a public benefit. Think of the lonely vigils of Fausts without their Mephistopheles, but with their incubators, sterilizers, test tubes and what not, wasting their cerebral dynamics on uncanny incantations and midnight schemes of conquest and annihilation. And all for what purpose? Why, forsooth, as it now appears, to destroy the ally and the friend of man. And the ingratitude of it! The base ingratitude of it!! If man's inhumanity to man makes countless thousands mourn, how many duodecillions of these little benefactors of the human race have been caused to mourn over the inflictions of man's mistaken wrath.

Animals fed upon sterilized foods, given sterilized fluids to drink and sterilized air to breathe, are now said to die with reasonable promptness, Babies fed upon Pasteurized milk get scurvy and become constipated. Give us more germs by all means. Make the indiscriminated sale of germicides a misdemeanor punishable by imprisonment and deprivation of germs for thirty days unless life is seriously imperiled by so long an abstinence. Let us eat, drink and breathe germs galore. Then will the white-winged dove of peace hover over health and home and bucolic health shall gladden the hearts of the sons and daughters of men.

M

---

*"Stories of a Country Doctor" will be given with every new yearly subscription to the Magazine.*

---

#### DR. HODGES' STUDY OF AIR EMBOLISM.

Dr. F. J. Hodges is engaged upon an experimental and clinical study of air embolism and would be under great obligations to such of the readers of the MAGAZINE, as may have observed either fatal or non fatal instances of this condition, if they would furnish him brief histories of cases coming to their notice. As is well known this condition most frequently exhibits itself to the general practitioner by the rapid development of grave symptoms or the occurrence of instant death following a douche or intra-

uterine injection in women pregnant, or possibly when administered very soon after menstruation.

It is not seen when care has been taken to first dispose of the air in the syringe, but this fact is often overlooked and the symptoms, due really to the air and to it alone, ascribed to the "shock of the intra-uterine injection of fluid." It is hardly necessary to state that Dr. Hodges will gladly give full credit for the observation of gentlemen furnishing him notes of cases. Communications may be sent in care of the managing editor.

B.

---

#### THE JUNE MEETING OF THE DELAWARE DISTRICT MEDICAL SOCIETY.

There is every prospect that the coming meeting of this body will be one of the notable professional events of the year so far as Indiana is concerned. Papers or addresses have already been promised by Senn, Belfield, Hektoen, Herrick and Edwards, of Chicago, and Parvin, of Philadelphia,—all authors and writers of recognized ability and wide learning—as well as from a number of the most popular writers of our own state.

The session will cover the greater part of two days and, aside from the great professional interest which will attach to the delivery and discussion of papers of such value, the social feature of the occasion will not be neglected. The people of this thriving little industrial city appreciate the honor which the profession propose paying them and will exert themselves to assist the local profession to suitably entertain so important an assemblage.

---

#### A CASE OF MYCETOMA, OR MADURA FOOT.

It was our recent good fortune, through the courtesy of Dr. Hektoen, pathologist at Rush Medical College, to be able to examine a slide from the skin of Dr. James Nevins Hyde's recent case of mycetoma or madura foot. Dr. Hyde recognized the case when presented at his clinic and recommended amputation as treatment, which was accepted. The case will soon be reported in full by Dr. Hyde. This is believed to be the second case of mycetoma ever observed in America and the rarity of the affection makes it an interesting subject for study.

H.



## MEDICAL REVIEWS.

---

### DEPARTMENT OF MEDICINE, THERAPEUTICS, NERVOUS AND MENTAL DISEASES.

---

IN CHARGE OF G. W. McCASKEY, A. M., M. D

Professor of Nervous and Mental Diseases and Clinical Medicine in the Fort Wayne College of Medicine.

**ELECTRICITY IN MEDICINE.**—By W. J. Morton, M. D. (*New York Medical Journal; Journal of Mental and Nervous Diseases.*) Electro-therapeutics in a biological sense is the transformation (by the laws of conservation of energies) of electric energy into that peculiar to vital cells. Electricity must not be regarded as an entity, but as having a variety of properties, such as electrolysis, cataphoresis, etc., each of which may be used, singly or combined. Strong galvanic currents depress tissue nutrition, producing structural changes leading to physiological atrophy. Mild galvanic currents stimulate nutrition and produce hypertrophy, and, if alternating cause similar effects to mild continuous currents. The galvanic current and the negative pole is especially indicated in chronic inflammations where newly formed tissue occurs. Catabolic or destructive events in tissue uniformly present the sign of negativity, that is to say, at their origin electro-positive. The negative pole is indicated to arrest catabolism, the positive to augment it. The positive is rarely indicated, and if at all, upon the basis of an electrotonic effect to produce sedation of neuralgic pain in superficial nerves. Concerning the faradic current, its main uses are to tetanize muscles and cause sensation of pain. The tetanizing current, as now employed to treat paralyzed muscles, is injurious since it enfeebles the muscle, and causes atrophic changes. To strengthen a paralyzed muscle a slow rhythm of the faradic—about thirty waves to the second—should be used. In some spastic conditions of muscles (due to paralysis of an opposing group) the strong tetanizing current may be used to advantage to overstimulate and thus fatigue the muscle.

---

**BARLOW'S DISEASE.**—Hirschprung is reported as having observed, in the Children's Hospital at Copenhagen, ten cases of Barlow's or Muller's disease: six of the patients were boys and four girls, the ages ranging from 5 months to 2 years, and all had evident symptoms of rachitis. The author gives a detailed description of each case and draws the conclusion that the disease is in no way connected with scurvy, but that it must be considered an acute form of rachitis.—(*Hospitals-Tidende; Page 869, 1894.*)

**EXSICCATIVE DIET IN ASCITES.**—N. Finsen recommends this method of treatment, especially in cases in which the origin of the ascites is dubious. He is himself a sufferer from the affection, and has repeatedly found relief after a few days' restriction, taking only 400 or 500 grammes (about a pint) of fluids daily. The urine increased in quantity and the symptoms of oppression disappeared. The method was still more efficacious if laxatives were used, or from 3 to 5 grammes ( $\frac{3}{4}$  to  $1\frac{1}{4}$  drachms) of chloride of ammonium.

---

**HOSPITAL FOR CONSUMPTIVES.**—The great argument in favor of separate hospitals for consumptives is not that such cases when admitted to general hospitals are a source of danger to others, but that few hospitals in which acute cases are treated possess a sufficiently numerous staff of nurses and resident physicians to give patients with pulmonary tuberculosis the constant attention needed, and fewer still are equipped with the appliances necessary for the proper treatment of the disease. Experience, too, has shown that consumptives do better in special hospitals.

---

**CHANGES IN THE RESPIRATORY ORGANS IN CARBOLIC-ACID POISONING.**—

1. Carbolic acid is absorbed into the blood, whence it is violently eliminated by the kidneys, occasioning necrobiotic changes in those organs.

2. It effects the respiratory organs in the same manner as preparations of mercury do the bowels.

3. The course of the poisoning in man and warm-blooded animals differs in that, in the latter the period of excitation predominates, while coma and paralysis develop in man at the outset.—(*Przegląd Lekarski*, Nos. 21, 23 and 24, 1894.)

---

**ANOREXIA HYSTERICA.**—Ki-sel (*Die Therapie der Gegenwart, Journal of Mental and Nervous Diseases.*) reports a case of a girl 11 years old, whose mother was hysterical and whose father, an habitual drinker, died of phthisis at the time of his daughter's birth, who worried much for some years because she could not go to the institute where her sisters were. In a year her character changed markedly. She became very peevish, retiring and excitable, and showed a great dislike towards her mother. At this same time she became very religious and conceived the idea that she ate too much. Consequently she began to fast and rapidly to emaciate. On one occasion she attempted to choke her mother for advising her to take more nourishment. On admittance to the hospital she was so thin that her bones stood out prominently, the muscles were atrophied, the skin dry and brown, but its sensibility normal. The urine was very pale, like water, feebly acid, and contained no albumin or sugar. Her weight was 22,200 grammes. For the first few days she refused all nourishment and only took a little milk. The



temperature varied between 35 and 37.70. Many unsuccessful attempts were made at hypnotic suggestion. Forcible feeding was then employed, and at certain times she took small morsels herself. During the first two weeks her weight diminished, but after this she gained rapidly, although she had contracted measles and influenza. She gained 13,250 grammes, so that she weighed 35,450 grammes and was unrecognizable as her former self. The family history, the absence of organic disease, the psychical disturbances, the absence of pharynx reflexes, and the rapid recovery all point according to Ki-sel to hysterical anorexia.

---

## DEPARTMENT OF SURGERY AND GYNÆCOLOGY.

---

IN CHARGE OF MILES F. PORTER, A. M., M. D.

Prof. of Surgery and Gynæcology in the Fort Wayne College of Medicine.

ASSISTED BY

FRED J. HODGES, B. S., M. D.

Prof. of Genito-Urinary Surgery in the Fort Wayne College of Medicine.

**COMPOUND FRACTURES.**—The time has come when all compound fractures should be treated by uniting the ends of the bone, the wound being thoroughly irrigated. Five cases of apparently hopeless fractures of the ankle-joint are reported by Bach as terminating in very good results.—Tyson. *Lancet-Clinic.*

---

**POST-MORTEM CAESAREAN SECTION.**—Hoffman (*Medical News*) made a successful caesarean section in a woman 36 years of age, delivering a male child fifteen inches long which lived twenty-five hours. The woman died of eclampsia in the eighth month of pregnancy, and the section was made ten minutes after the last inspiration.

---

**PRESCRIPTION FOR CHORDEE.**—Ricord, advise for chordee:

R Extract opii . . . . . 1 gr.

Champhoræ . . . . . 10 gr.

Oleum theobrom. . . . . q. s.

M. ft. Massa. Suppositories No. 1. Sig: Use at bedtime.

It is *always* in order to direct the patient to sleep on a hard bed, and to limit his hours in bed to six or seven, arising immediately upon awaking in the morning.—*Kansas City Medical Index.*

---

**RECOVERY FROM ACUTE GENERAL SEPTIC PERITONITIS.**—We learn from the *American Journal of Surgery and Gynecology* that Berger has reported a case of general septic peritonitis which he cured by operation. The case followed a perforation of the appendix. The perforation was not closed but the ab-

domen was flushed and drained (with both gauze and tubes) through three separate openings. Improvement did not commence until on the sixth day, after copious evacuations induced by a large enema. The operation was made on the third day. This makes seven cases thus far reported which have recovered as a result of surgical treatment.

---

**THE CLICK OF POLISHED BONE SURFACES.**—Fenger has lately (*Annals of Surgery*) called attention to the fact that in osteo-tuberculosis of the joints when there are polished, hard sequestra, there may be elicited by examination a peculiar click like that made by “sliding a stick along the palings of a fence” or a “cane in the spokes of a wheel,” or a “wood-pecker in a tree,” or like the “striking together of billiard balls.” When this sign can be elicited it proves that there are polished bone surfaces which strike each other. One sequestrum without another hard and polished surface to strike against will not of course produce the sound. When this sound can be elicited an operation for the removal of the sequestra is demanded.

---

**SCHLEICH'S METHOD OF LOCAL ANÆSTHESIA.**—Dr. Theophilus Parvin, at the last meeting of the County Medical Society, read a paper on “Schleich's Method of Local Anæsthesia” by subcutaneous and parenchymatous injections of weak cocaine-morphine solutions, and demonstrated the effect in his own person by allowing an incision of an inch in length to be made in his forearm and to be stitched up, under its influence, in the presence of the society. He declared it to be an absolutely painless procedure and predicted great future usefulness for this method in surgery and that at least 50 per cent of the operations now done under general anæsthetics will ultimately be done by this method, which he declared suitable even for major operations.—*Boston Medical and Surgical Journal*.

---

**LIGATION OF THE SAPHENOUS VEIN FOR VARICOSE VEINS OF THE LEG.**—Kerthis (*Albany Medical Annals*) has had thirty-two definite cures out of forty-two cases of varicose veins of the leg in which he ligated the saphenous. The relapses were due to the vein becoming permeable after ligation. He therefore advises resection of a few centimeters of the vein. Varicose ulcers improve rapidly after the operation.

---

**NON-OPERATIVE TREATMENT OF EPITHELIOMA.**—Weed, of Utica, reports in the *Medical News* for January 26th, a case of epithelioma of three years standing, in a woman of 75, cured by the application of trichloroacetic acid and chloride of zinc. The diagnosis was verified by the microscope, and operative treatment being refused, the ulcer, 1 by  $\frac{3}{4}$  inches in size, situated on the right ala, was cocaineized and cauterized with the trichloroacetic acid, after which it was kept moist with a 10 grain solution of zinc chlorid. After several months the ulcer healed altogether and has remained healed for at least a year.



**CHOICE OF TREATMENT OF STONE IN CHILDREN.**—Patterson, as the result of an exhaustive study of the subject, concludes that in the treatment of vesical calculus in children litholopaxy offers by far the best method since: 1. It has a lower mortality. He finds the mortality of the operation to be a little over 2 per cent, that of perineal lithotomy 4 per cent and the high section 12 per cent. 2. It is attended by fewer complications than the cutting operations. 3. There is no danger of emasculation, 4. The period of convalescence is much less. 5. There is no urinary fistula with its danger and annoyance.—*Therapeutic Gazette, January 1896, page 18.*

## DEPARTMENT OF OBSTETRICS AND PAEDIATRICS,

IN CHARGE OF B. VAN SWERINGEN, M. D.

Professor of Theory and Practice of Medicine in the Fort Wayne College.

**WALCHER'S POSITION IN LABOR.**—W. E. Fothergill employed Walcher's position in six cases of delivery, five of which are described as promontory projecting, justo-minor or a combination of these conditions. (*Edinburg Medical Journal.*

In the sixth the pelvis was normal but the head was very large. By allowing the legs to hang down without touching the ground an average increase of 0.93 centimeters may be obtained in the diagonal conjugate, the rationale of this increase being found in the fact that the pelvis girdle can rotate about an axis passing through the two sacro-iliac joints. When the symphysis moves downward to the rotation the conjugate is increased. The weight of the legs when hanging is transmitted to the innominate bones mainly by the Y-shaped ligaments causing the rotation described, thus sparing work on the part of the uterus and musculature generally and avoiding pressure of the head on the symphysis. In high forceps Walcher's position saves the perineum from undue pressure by the forceps as well as increasing the conjugate. The strength of the operator is saved and pressure on the head and pubic symphysis is avoided. In cases not requiring forceps, but when there is difficulty at the brim, the position saves exertion of the uterus and abdominal muscles as well as pressure of the head and symphysis. In all cases where the perineum is in danger in delivery with or without forceps this position, or at least extension of the legs at the hip, is of advantage in relaxing the integument and subjacent structures.—*Medical Standard, Jan. 1896.*

**HYPERTROPHY OF THE CERVIX COMPLICATING LABOR.**—Dr. George M. Wells, in the *American Journal of Obstetrics*, reports the case of a young woman who became pregnant while suffering from an hypertrophic elongation of the infravaginal portion of the cervix. This condition had existed for four years to her knowledge. The cervix was found just within the vulva and was normal in appearance. Coitus did not take place within the uterus

as is sometimes the case when the condition arises in a multipara. Had connection occurred in this manner, pregnancy would not have appeared so improbable.

During labor great difficulty was experienced in accomplishing dilatation of the cervix, as whenever chloroform was given to lend manual assistance the uterine contractions were stopped. Finally the fingers of both hands were inserted in the cervix and a satisfactory dilatation obtained, the forceps applied and delivery accomplished. He estimates that a force of two hundred pounds or more was used in dilating the cervix. After delivery the organ continued in the same condition it was before, the os lying just within the vulva. The length of the cervix was four inches.

---

THE TREATMENT OF UTERINE HEMORRHAGE DURING THE LAST TWO MONTHS OF PREGNANCY.—D. W. J. Smyly (*British Medical Journal*, No. 1776, 1895.) calls attention to the fact that uterine hemorrhage, occurring during the last two months of pregnancy, may result from a wound or disease. In the majority of cases it is due to premature separation of the placenta. Those placental hemorrhages which proceed from the normal site are distinguished as accidental, and those from an abnormal site as unavoidable. All cases in which the placenta dips down below the contraction ring should be considered anatomically as examples of placenta previa. Clinically, the majority of them cannot be diagnosed as such, and are therefore classed among accidental hemorrhages.

The diagnosis of placenta previa depends upon hemorrhage occurring towards the end of pregnancy or the commencement of labor, and feeling the placenta through the cervix or os uteri. They may possibly be due to a disproportion between the placental site and the placental area. When commencing with labor, they are due to the physiological process by which the ovum is separated from the lower parts of the uterus. The lower uterine segment is hemispherical at the commencement of labor, and is occupied by the presenting part of the fetus through which it directly receives the uterine pressure, and over which it is directly drawn upward, being converted as the os dilates, into a cylinder, equal in circumference to the presenting part of the child. The bag of water is, at the same time, pressed down into the cervical canal, which it dilates, as it does also the external orifice. So long as the membranes remain intact, the ovum is driven down by the uterine contractions, the lower segment being drawn upward at the same time. A separation takes place between the two, and the lower pole of the ovum is cast free from its uterine connections. This separation begins at the os internum and gradually extends upward towards the contraction ring.

When the membranes rupture, however, the fetus only is driven downward, the membranes being drawn upward, with the uterine wall to which they are attached. If the placenta, which is a specially modified portion



of the fetal envelopes, should be developed at the lower pole of the ovum, it will be separated with the latter and hemorrhage occurs. More vessels are opened as the detachment extends, but as the detachment may cease with the rupture of the membranes, so may also the bleeding.

Smyly sums up the treatment of accidental hemorrhage as follows:

1. When the os is small and labor pains weak or absent, preserve the membranes intact as long as as possible; in external hemorrhage plug the vagina.

2. If labor be well advanced rupture the membranes, and if hemorrhage continues, deliver by the safest method available.

3. For internal concealed hemorrhage, and in some cases of external hemorrhage, if a vital necessity, deliver by accouchment force or Porro's method.

In all cases the ruling principle should be to proceed with as little force and precipitation as possible.—*University Medical Magazine*, Nov. 1895.

---

## DEPARTMENT OF OPHTHALMOLOGY, OTOTOLOGY, LARYNGOLOGY AND RHINOLOGY.

IN CHARGE OF ALBERT E. BULSON, JR., B S., M. D.

Professor of Laryngology and Rhinology in the Fort Wayne College of Medicine, Fort Wayne Indiana.

**A CASE OF RETINAL HEMORRHAGE DUE TO THE VIOLENT EXERCISE IN BICYCLING.**—Dr. M. L. Foster, in the *New York Medical Journal*, of February 1st, gives the history of a case of retinal hemorrhage apparently due to excessive exertion while "scorching" on a bicycle. The vision was reduced to 20-100, though it improved considerably under treatment during the following two weeks. Dr. Foster says that he does not desire to magnify this danger as one particularly likely to result from ordinary bicycling, but claims that the case cited show what may occur as a direct result from the very vigorous exercise which attends rapid propulsion of a bicycle. To endeavor to propel a wheel as rapidly as possible is to subject the entire system to a strain to which it is unequal, unless preparation has been made by a good course of training, and thus furnish an exciting cause for rupture of a vessel wherever a weak point might furnish a predisposition. Such a rupture might occur in the brain and cause death, or in some of the viscera and escape all notice. In the case cited there was evidently a local weakness in the wall of a retinal vessel which formed the predisposing cause of the hemorrhage.

---

**TATTOOING THE CORNEA.**—To render more natural the appearance of a blind eye with a discolored cornea, may be done with one of the special instruments made for the purpose; but Dr. Jackson has found an ordinary single needle with a broad lance point like the flat or straight Bowman's

stop-needle, quite as satisfactory. The surface of the cornea is soaked in a rather strong solution of cocaine, 4 per cent. or upwards, for five minutes; and then dried with a swab of absorbent cotton. The India ink is rubbed in a porcelain capsule, boiled to render it aseptic, and spread as a thin paste on the dried surface of the cornea. The needle is then stabbed through this paste into the corneal tissue, in such a way as to enter quite obliquely. As the needle is withdrawn it is slightly lifted so that a vacuum is created beneath it which tends to suck in the India ink paste, where a part of it finds permanent lodgment. If a few good "pockets" of ink are thus established in the cornea, where it is desired to make the black spot to imitate the pupil, the ink will gradually become diffused through the tissue adjoining. And even before this diffusion has taken place the appearance of the eye from the distance of a few feet will be greatly improved. If the effect of the first tattooing has not been sufficient, or if it has decreased with the lapse of time, the operation may readily be repeated.—*Philadelphia Policlinic*.

---

BICARBONATE OF SODA IN THE TREATMENT OF A "COMMON COLD."—Dr. L. Duncan Burkley, on the *Medical Record*, January, 18th, 1896, recommends bicarbonate of soda as a remedy to break up an ordinary cold. The treatment is based on the theory that an acid condition of the system is sufficient to irritate the terminal endings of the nerves in the skin and mucous membranes, and so to render them susceptible to impressions of cold, by a derangement of the capillary circulation. As this acidity is neutralized the normal conditions return. Dr. Burkley has observed that those individuals who are most susceptible to "colds" exhibit symptoms of deranged stomach action, or acidity of the stomach, and that the "cold" promptly subsides as soon as this condition is corrected. To be effective the treatment should be begun with the earliest symptoms of coryza and sneezing. The soda should be given in twenty to thirty grain doses, in two or three ounces of water, every half hour for three doses, and a fourth dose at the expiration of an hour from the last one. Two to four hours later the same procedure may be repeated should the "cold" not be under control. If the treatment is not instituted until the second or third day after the development of the "cold" the results will be less beneficial though the author claims that the treatment at any stage will afford good results.

---

SIMPLE MANNER OF OVERCOMING THE CATARRH CONSEQUENT ON THE ADMINISTRATION OF POTASSIUM IODIDE.—Dr. Cohen, *The Lancet-Clinic*, in noting that patients taking iodide of potassium suffer in a marked degree with



"iodism," the chief symptoms being coryza, with sometimes profuse discharge, sneezing, pains over the frontal sinuses, swelling of the mucous membranes of the mouth, and a sense of heat in the chest, states that he has been able to check these disagreeable symptoms in three well-marked cases by adding to the iodide mixture 5 minims of tincture of belladonna to each dose. The belladonna not only checks the coryza, and lessens the irritation in the upper air passages, but it counterbalances the so-called depressant action of the potassium.

---

**ADENOID VEGETATIONS OF THE NOSE.**—Dr. Marage (*Revue de Laryngologie*) recommends painting with a 50 per cent. solution of resorcin. Six to ten applications usually prove sufficient.

---

**THE TREATMENT OF ATROPHIC RHINITIS.**—The *New York Medical Record* is authority for the statement that peroxide solution not only serves a double purpose in the treatment of atrophic rhinitis, by eliminating the stench by breaking up the decomposing matter, and loosening the crusts by formation of bubbles, but that it serves another purpose in directly stimulating the the parts. The cotton-tipped probe, saturated in peroxide solution, is of great service in dislodging dried masses of mucus and in carrying out a gentle system of massage which is highly recommended as an adjunct in the regular stimulative treatment.

---

**TWO CASES OF MYCOSIS TONSILLARIS.**—Dr. Julia W. Carpenter, in the *Cincinnati Lancet-Clinic*, February 1st, reports two cases of mycosis tonsillaris which were entirely cured by applications of tri-chloracetic acid. To prepare for the acid applications the curette was first used, but only on the large spots. The fungus growth was thus removed down to the surface of the membrane. The acid was then applied by means of a glass rod which had been drawn to a fine point like a well-sharpened lead pencil. A tiny crystal, just about large enough to see, was taken up on the point of this rod and pressed into the center of each spot. On the large spots more than one crystal was used. At the end of a week all but the larger spots had entirely disappeared, and a second application of the acid caused all signs of disease to disappear. The lapse of several months has proven that the treatment was curative, the patients having no further evidences of the disease. The author recommends that general tonic treatment should be combined with the local treatment, as patients suffering from mycosis tonsillaris are generally subject to some systemic disorder. Tonics are always demanded, and the recognition of this fact will go far towards producing a favorable result in this supposedly intractable disease.

## BOOK REVIEWS.

---

"DONT'S FOR CONSUMPTIVES, OR THE SCIENTIFIC MANAGEMENT OF PULMONARY TUBERCULOSIS," is the title of a book which, under the authorship of Dr. Charles Wilson Ingraham, will soon (about February 10th) be issued by the Medical Reporter Publishing Company, of Rochester, New York.

The complete work of thirty-five chapters is devoted exclusively to the general management of Pulmonary Invalids, no reference whatever being made to drug treatments.

The object of the author is to supply the physician with a practical work, at the same time, by eliminating technical terms, reduce the text within the easy comprehension of the intelligent patient. The author claims that "a good understanding of his condition is the best remedy for the consumptive." With this book in the hands of his patient the physician will be relieved of a multitude of details which attach to the successful management of such cases. Special attention has been given those chapters pertaining to the destruction of tubercular infection.

The book will be printed on seventy-two pound antique book paper, bound in cloth (imitation morocco), with title in gold leaf. Price, \$1.75.

---

THE FUNCTIONAL EXAMINATION OF THE EYE. By John Herbert Claiborne, Jr., M. D., Adjunct Professor of Ophthalmology, N. Y. Polyclinic; Instructor of Ophthalmology in the College of Physicians and Surgeons, N. Y.; Assistant Surgeon to the New Amsterdam Eye and Ear Hospital, N. Y.; Etc., Etc. Ninty-six pages, twenty-one illustrations. Philadelphia; The Edwards and Docker Company. Cloth; Price, \$1.00.

This little work presents the subject of functional examination of the eye in not only a clear and concise manner, but in an interesting and pleasing form. The average text-book gives but a meagre description of the means and methods used in fitting glasses and it is a pleasure to find a work which, while sufficiently comprehensive, is so plain that any student can understand the subject without further instruction.

The book contains chapters on the method of conducting an examination, together with a description of various lenses, application of the various test cards, the refraction of the eye, including myopia, hyperopia, presbyopia and the various forms of astigmatism, and the use of mydriatics.

The work will prove especially valuable to all students and practitioners who desire to obtain a clear understanding of the subject of refraction. B.



**COLOR-VISION AND COLOR-BLINDNESS.** A Practical Manual for Railroad Surgeons. By J. Ellis Jennings, M. D., (Univ. Penna.), Formerly Clinical Assistant Royal London Ophthalmic Hospital (Moorfields); Lecturer on Ophthalmoscopy and Chief of the Eye Clinic in the Beaumont Hospital Medical College; Ophthalmic and Aural Surgeon to the St. Louis Mullanphy and Methodist Deaconess Hospitals; Consulting Oculist to the Missouri, Kansas and Texas Railway System; Fellow of the British Laryngological and Rhinological Association; Secretary of the St. Louis Medical Society. Illustrated with One Colored Full-Page Plate and Twenty-One Photo-Engravings. Crown Octavo, 110 pages. Cloth, \$1.00 net. Philadelphia: The F. A. Davis Company, Publishers, 1914 and 1916 Cherry Street.

Within the past few years the subject of color-blindness has received much attention from ophthalmologists, and because of the importance of the subject as respects the fitness or unfitness of men for railway or steamship service, railway and steamship company officials have recognized the necessity of employing means and measures for the detection of this deficiency of vision in those employed or about to be employed by them. One of the requirements of the railroad surgeon is that he shall be competent to make all necessary examinations and tests for the detection of errors in color vision and to him Dr. Jennings' work will prove of inestimable value. The author has produced a practical work and one that contains all that is essential to a perfect understanding of the subject of color-blindness. Some of the more important chapters are those treating of the theories of color-perception and color-blindness, causes and results of color-blindness, classification and methods for detecting color-blindness, and descriptions of the various tests for color-blindness and the manner of their use. Special attention is given the subject of "Detection of Errors in Color-Vision," and the various tests, advocated by different authorities, are fully explained, together with the tests employed and recommended by the author.

The work is well illustrated with twenty-one photo-engravings, and the type, paper and binding is all that could be desired. As a complete and highly practical work, written in a clear and concise manner, it could hardly be surpassed. B.

---

Montpellier, France, has declared that the grocers and butchers of that town must not deliver articles of food unless wrapped in clean uncolored wrapping paper.

---

*"Stories of a Country Doctor" will be given with every new yearly subscription to the Magazine.*

# FORT WAYNE MEDICAL MAGAZINE.

---

VOL. IV.

MARCH, 1896.

NO. 3.

---

## ORIGINAL ARTICLES.

No paper published or to be published elsewhere as original will be accepted in this department.

---

### *PROBLEMS FOR THE TWENTIETH CENTURY.*

BY DR. JOSEPH EASTMAN,

Indianapolis.

(CONTINUED FROM FEBRUARY NUMBER.)

The conclusions of this very able and important lecture are worthy of our most serious consideration.

1. That the death rate from malignant disease is constantly increasing in all civilized countries.

2. That the death rate is larger in cities, irrespective of the transient affected there, than in the country.

3. That in limited portions of the country, and in some cities, the death rate from malignant disease is strangely and disproportionately large.

4. That this increase of malignant disease demands urgent consideration and prompt logical methods of combat on the part of all concerned.

5. That the post-operative prognosis can be attained by education of the afflicted and prompter action of the profession.

6. That when consideration of health and strength shall excite the same degree of forethought and vigilance as the attainment of wealth and power does, the post-operative prognosis will be much improved.



My experience abundantly confirms the conclusions which Prof. Bryant appends to his address. It is said that when Mr. Tait opens the abdominal cavity and finds malignant disease he immediately closes the wound and does not disturb the mass. I have at least a dozen living, thinking and thinking condemnations of such practice. Cancerous tumors of the ovaries I have frequently removed where the pedicles were so long, thus enabling us to go so wide of the disease that years have elapsed and the women remain perfectly well. Mr. Tait in his book entitled "Diseases of Women and Abdominal Surgery," condemns vaginal extirpation of the uterus for cancer. I could produce many scores of women whose cancerous uteri have been removed, varying in time from 12 years to a few months. They would be my argument, my emphatic protest against such teaching. With reference to cancer of the uterus, where my studies have been more extensive, it must be remembered that the disease is often local, the outgrowth of prolonged localized irritation, and if we shall be able to educate the physician and they the public that uterine cancer may come and destroy its victim with little or no pain; that the menopause should have no phenomena except a symptomless cessation of the flow, and that if she has any other symptoms whatever other than a painless, odorless, harmless cessation of her flow, an expert ought to be consulted and the cause of a deviation from a symptomless cessation of the flow determined, we shall be able to do much to lessen the number of deaths from this horrible malady. I know of no other disease where the importance of early diagnosis should be more emphasized than in uterine cancer.

I would fall short of doing my whole duty were I not to mention the wholesome reaction along certain lines which may in some measure retard the the rapid increase of nervous disease, insanity and even cancer. Our Industrial schools and Polytechnic institutions are seeking to cultivate muscle as well as mind—to teach muscle and mind to co-operate, and thus maintain co-ordination and integrity between mind and matter. Even our fashionable people are taking to out-door life. And physical culture is being pushed forward in different directions. The bicycle

craze may help us in physical development; while it does not exercise all the muscles as well as horse-back riding, there is a fascination about this new fad which encourages the idea that "too much rest is rust." Physical exercise without mental restraint is much more valuable than any form of calisthenics under a tutor. From personal observation with young men who rode on hard saddles during the war and men who have ridden on iron saddles attached to our reapers, I am thoroughly convinced that there is danger to the prostate gland of the bicycle rider who leans forward, assuming the shape of the dog licking his meal out of a dinner-pot. Ultimately some good may come from this. The operation of orchiectomy suggested and popularized by J. Wm. White, of Philadelphia, may come to their rescue. This may still further popularize the operation until it may become a penalty for crime, as advocated by our great neurologists, Fletcher, Hammond and Everett.

In every city, town and almost every village in this country, there exists a post of the G. A. R., where veterans who stood shoulder to shoulder in the great conflict between the North and the South meet around their camp fires to recall the times when they were in active duty, and to cultivate such social and fraternal regard for each other as those only can know and appreciate who have been engaged in the hardships of camp, march and of battle. The warfare in which these men were engaged was long since ended, but as time passes on and their heads whiten, their soldierly bearing replaced with the bending form, and as death from time to time thins out their ranks, they seem to draw nearer together and to love each other more and more. Would to God that our great medical army, scattered also in cities, towns and villages, and even at cross-roads, would take a lesson from the G. A. R. Would that our army of doctors, whose duty, in the words of Baron Larry, in his sharp reply to the First Napoleon, is to save life and not to destroy it, could feel and appreciate more what it is to bear the title of physician. Would that our medical societies would bring physicians together with the same brotherly feelings which pervade the camp fires of the Grand Army of the Republic. Our bedside battle with disease and



death is not ended and never can be. A large well-filled head may succeed well in law or theology, but to be a successful physician the individual must not only have a well stored mind, *but a large heart*. To be a great physician he must not only have a large, but a warm, a true and loving heart. It is immaterial whether we take the view of the anatomist or physiologist that the heart is a mere muscular pump that sends the blood through the circulation, or whether we use the terms heart and soul synonomously, there is something in us that loves and hates, that hopes and dispairs, that makes us generous and fair-minded, narrow, and selfish, envious and jealous.

"Could I but own the universe  
And with one hand hold Heaven in span,  
I'd still be measured by my soul.  
The soul's the measure of a man."

It is always a misfortune when a little, narrow-minded, small-headed, small-hearted man enters the medical profession, because he will be an agitator, not a harmonizer. He will seek to impair a brother physician's usefulness and not to extend it. He will be envious and jealous of his more successful brother. Knowing his inability to climb to success and eminence himself he will seek to drag others down to his level. I am truly grateful that such men are in the extreme minority, and the very large majority of physicians are men of broad minds, large hearts and noble lives. A man's life's work is sure to mould his thinking; his thinking ultimately moulds his countenance. The lasting impressions of our lives were received beneath the clear blue sky of childhood, when our guiding star was the approving twinkle of paternal eye; when the chief luminary of our pathway was the vitalizing sunshine of a mother's countenance, and when every footstep was guided by the subduing influence of a mother's love. Who of us do not remember the face of our parents' family physician, moulded perhaps by many years of thinking at the bedside: a face inviting from its benignity and commanding from its firmness. Who of us cannot remember his very step as he entered the sick room where the father, mother, sister or brother lay sick. With what tender emotion he explained to

those who had a right to know that there was very little hope. How his big heart seemed to beat rythmically with the hearts of those stricken with grief. How he returned at the midnight hour instead of retiring to his bed, notwithstanding he was worn out and nothing but the intense anxiety over our loved ones could keep him awake in his saddle or in his buggy. If the deeds of unselfish devotion to duty which are well known all over this land could be crystalized into granite, the obscure resting places of those heroes whose praises have never been sung would be conspicuous with marble shafts towering toward heaven.

In a book entitled "Beside the Bonny Briar Bush," written by Ian Maclaren, there is a story of a general practitioner in a Scottish village. It is a beautiful story of a noble life ultimately worn out in the service of the patrons he loved and who in return loved him. It tells of his devotion at the bedside of a very sick woman at whose birth he had presided and whose mother he had attended in her last sickness. It tells how the tears rolled down his cheeks as he explained to the husband he was afraid she would die. It tells how he hauled the city surgeon in a cart through the Highland river in a flood, and how Sir George rose from his seat and ordered Dr. McLure to turn back, declaring that he would be condemned utterly and eternally if he allowed himself to be drowned for any person. McLure thundered, "Sit doon; condemned ye will be suner or later gin ye shirk yir duty, but through the water ye gang the day." All this in his determination to save the life of a poor cotter's wife. It tells how when the doctor gave up poor Sanders he put him in a bath, staid with him all night, and by the time the sun was peeping in the window he was so delighted that Sanders was going to recover, his heart was so full of joy that he could break the news to his wife Belle that she would not be a widow nor the bairnies fatherless, that he flung his coat East, his waist-coat West, as he went out into the garden and danced a highland fling. Further on in the story, when he died a large number of his patients who loved him so dearly gathered at his funeral, coming miles through snow-drifts in midwinter. One of them was heard to say, "The fook 'ill take a man's best wark a' his days without a word an' no



dae him honour till he dees. Oh, if they hed only githered like this just aince when he wes livin' an' lat him see he hedna laboured in vain."

Many towns in Indiana have their Dr. MacLures of whom MacLaren could write as much in truth as of the noble Scotchman. Their unselfish lives, their selfsacrificing devotion to their patients in Summer's heat, in Winter's cold, in storm and in sunshine, could fill many books. Then ought we not to unite as lovingly together as do the members of the Grand Army. The grand army of doctors has a high and holy mission. A former President of this society, Dr. Elder, was noted all his life as a peace-maker, unselfish, always willing to give liberally of his time and his talents to harmonize, to organize and unite the profession we all love. Those who in cities, towns and villages, in their selfish jealousy seek to lower the estimate of the public in a fellow practitioner, who seek to impair his usefullness by word or look or jesture, should remember that the lowering of one member of the brotherhood lowers the entire profession in that community in the estimation of the laity. I well remember the first battle my regiment was engaged in, how a comrade, Jonnie Northrop, was struck in the hip with a shell and killed, and those who stood near him and who loved him, were inclined to scatter. I can still hear the command of Lieut. White, "Close up the rank; touch elbows." The ranks of the medical profession are contantly being broken, (Dr. Yost, who met with us last December, has returned from visiting his last patient, but still lives in the hearts of those he loved and served. Has lain down his medicine case for the last time and has secured that which the noble physician never enjoys while a call to suffering humanity is pending—a peaceful rest.) and we who have borne the battles of professional life must close up the ranks, must touch elbows. We must cultivate that feeling of brotherly love which will enable each and every one to overlook a brother's faults and emphasize his many virtues. If a brother is doing wrong give him due and timely warning that he may ward off approaching danger. Take him by the hand, get near his heart, and lift him up to a higher plane of usefulness, and if he is ever dragged

down let it be by some one outside of the profession, and never, never, by one who bears the name of physician.

The hardships and privations of our professional lives indelibly impress upon the tireless worker in medicine the marks of premature old age. Our servitude should draw us lovingly and sensibly nearer each other. With us no contention should ever be encouraged except that higher contention, or rather emulation, which seeks to determine how we can best work and how best agree. Our life's work is hard enough. "In it cheeks shall turn pale and heads shall whiten; but shall not souls whiten too?"

"We live in deeds not in years; in thought, not breath;  
In feelings, not in figures on a dial.  
We shall count time by heart throbs.  
For he lives most who thinks the most,  
Who feels the noblest, acts the best.  
Life is but a means unto an end.  
The mean beginnings end to all things, God."

I would that the medical profession would become firm and steadfast in their adherence to ethics, not the ethics so often manipulated by medical politicians to handicap the usefulness of a professional brother. I would have incorporated in it passages from the sermon on the mount including the one "Blessed are the peace-makers, for they shall be called the children of God." I would insist that we have inscribed upon our banner, impressed upon our hearts, and exemplified in our very lives, that foundation of all laws, all morals, all religion, all ethics,—"Whosoever ye would that men should do unto you do ye even so unto them."

Let us be proud of the medical and surgical triumphs of the century drawing to its close, because they are prophetic of what may be accomplished in the century nearing its dawn, and now in the vital present let us each and every one resolve that we will learn to love and cease to hate; move onward and upward, actuated individually and collectively, by motives worthy our high calling, "with good-will for all and malice toward none."



"If men cared less for wealth and fame,  
 Cared less for battlefields and glory,  
 If writ in human hearts a name  
 Were better than a song or story,  
 If more instead of nursing pride  
 Would learn to hate and to abhor it;  
 And more relied on love as guide  
 The world would be the better for it.

If men dealt less in stocks and lands,  
 And more in deeds and bonds fraternal,  
 If loves work found more willing hands  
 To link this life to the supernal;  
 If more stored up love's oil and wine  
 And on bruised human souls would pour it—  
 Did yours and mine more oft combine  
 The world would be the better for it.

If more would act the play of life  
 And fewer spoil it in rehearsal;  
 If bigotry would sheath his knife  
 Till love became more universal;  
 If custom gray with ages grown  
 Had fewer blind men to adore it,  
 And talent shown for truth alone  
 The world would be the better for it.

If more were wise in little things,  
 Affecting less in all their dealings,  
 And hearts had fewer rusty strings  
 To isolate their kindly feelings;  
 If more when wrong beat down the right  
 Would strike together and restore it,  
 If right made might in every fight  
 The world would be better for it."

---

## *DIAGNOSIS OF DISEASE OF THE PELVIC ORGANS OF WOMAN.\**

BY C. A. KIRKLEY, M. D.

Toledo, Ohio.

\*Read before the Crawford County (Ohio) Medical Society, at Bucyrus, Jan. 17, 1896.

Prof. Senn has said that the "diagnosis of tumors is a science and an art—a science because the accurate anatomical localization of a tumor, and the correct appreciation of its character and tendencies, presuppose a thorough knowledge of anatomy, physiology and pathology; an art, because the determination of the exact location and character of a tumor often requires

delicate manipulation, and the most intelligent application of all known diagnostic resources."

This may be applied with equal emphasis to the diagnosis of disease of the pelvic organs of women, especially to tumors, within the pelvis, and to disease of the uterine appendages. No one can hope to become a *perfect* diagnostician in diseases peculiar to women. Only that degree of skill can be acquired by experience, and accurate observation that will enable the physician to make a correct diagnosis in most cases, and in all cases sufficiently correct to determine the proper treatment.

To the credit of medicine it may be said that such vague and in most cases meaningless expressions as "ulceration of the womb, "womb tipped," either backward or forward; "womb trouble," "falling of the womb," etc., are much less frequently heard than formerly. Until within a few years *ulceration* was applied to every pathological condition observed about the cervix or within the body of the uterus. Pathology has taught us that such a condition rarely exists. While falling of the womb, and womb tipped, backward or forward, may define an existing physical condition well enough; in most instances, deviation from the normal is only a symptom, just as ascites, anasarca, paralysis, haemoptysis, hematemesis, etc., are symptoms. Not very old men can remember when, in medical colleges, gynecology was an appendage to the chair of obstetrics, and therefore but little attention given the subject. Accuracy in diagnosis could then hardly be expected, but now since it is a distinct branch of medicine, who does not give it sufficient attention to make something near a correct diagnosis and who at least does not find out that he does not know, does himself an injustice and neglects the best interests of his patient. The habit is to hold the *specialist* responsible for all the ills growing out of the present so-called craze for operating; but it could be firmly held in check, in fact never would have been inaugurated, had the *general practitioner* given the subject that attention, and made use of those means of diagnosis, which its importance demands. The specialist and general practitioner are, and should be, aids, each to the other, and when the latter has become sufficiently



skillful in diagnosis to determine whether an operation may be necessary or not the craze for operating will soon and forever cease.

Not many years ago pelvic cellulitis was held accountable for almost all the pelvic ills of woman. Experience has shown that it seldom, if ever, exists; but that disease of the tubes and ovaries play the important role. No symptom within the pelvis should be lightly considered, yet how often women are assured that their vaso-motor disturbances and that their menorrhagias are due to the climacteric. This too often without even an examination. The experience of almost every one familiar with the subject will confirm the fact that a healthy woman will have little or no trouble at the climacteric. While the vaso-motor system might be disturbed from the mere suppression of the menses, hemorrhage at the climacteric means either the existence of cancer, myoma, sarcoma, polypi, or fungous, or papillary vegetations, yet serious and often fatal consequences have resulted from these symptoms, through the traditional belief that they were due to the "change of life."

In those diseases encountered in every day practice, such as erosions of the cervix, endometritis, etc., it would seem that a mistake in diagnosis would seldom be made, but cases have come under observation in which such conditions existed, which had been treated for "biliousness," "heart trouble," "sick headache," and other reflex conditions, and in which the uterine organs had not even been examined. The following case may be mentioned:

Patient, a laboring woman, forty years old, mother of eight children, had been ill about two years. Nervous system was very irritable; severe headache at times and constant backache; menses were regular, lasting a week, profuse, painful during flow, and there was a constant and profuse leucorrhoea; urinary organs normal, except irritable bladder and urethra at menstrual times; digestion was disordered, producing acidity, flatulence and constipation; circulation was feeble and respiratory organs normal. The uterus was enlarged, tender, not freely movable, four inches deep and displaced backward at an angle of perhaps  $45^{\circ}$ . The

pelvic roof, though tender, was not indurated. Though this was a plain case of chronic endometritis producing all the enumerated reflex symptoms, an examination of the pelvic organs had never been made.

A correct diagnosis is not only necessary for the physician, but is of the greatest importance to the patient and the greater the effort to attain it on our part the less traveling there will be from one physician to another, and the less excuse for the stigma that "doctors always disagree."

A patient with the following history came under observation July 14th, 1895: She was a house-wife, married but a few months, twenty-two years old, and a picture of perfect health. She complained of nervousness, had had facial neuralgia now and again, and had not felt perfectly well for about a year.

She had not menstrated for *three months*, but previously menstration had been regular, normal in quantity and lasting five days, some leucorrhoea and some pain during the flow. Urinary organs were slightly irritable and there was considerable digesetive disturbance. Circulatory and respiratory systems were normal. The uterus was enlarged, could be distinctly felt above the pelvic brim, there was not the slightest tenderness and was soft to the touch, especially the lower segment. The os was patulous and soft and the vaginal portion of the cervix slightly eroded. In fact the erosion was the only perceptible pathological condition, there was not the slightest tenderness in the pelvic roof. The vaginal mucous membrane and the mucous membrane of the vaginal portion of the crevix were deeply cyanosed. To confirm the foregoing symptoms, the nipples and areolae were dark and the papillae enlarged. This patient was delivered of a twelve-pound boy about Christmas tide. She had been advised that she had serious uterine disease and that an operation was necessary to save her life. This physician had written her more than once urging that necessity, when aware that his advice had not been readily adopted. What operation was contemplated is not clear, but persumably curettage. It may be mentioned that the physician who made



the diagnosis and advised the treatment was a general practitioner.

While it would seem that in so plain a case a mistake in diagnosis could hardly be made, still in other cases a correct diagnosis is difficult, often impossible.

A patient living in Lima, Ohio, came under observation August 2, 1895, with the following history: She was twenty-nine years old, married, mother of one child and had three miscarriages, the last one four years ago. She was very anemic, very nervous, had been ill about five years and had been much worse for the last three months, during which time she had been flowing almost constantly. Previous to that time the menses had been regular, lasting a week, profuse, always with pain and a constant leucorrhoea had been present since her illness began. The urine was high colored and at times incontinent. She had an irritable stomach, acidity and flatulence. Circulation was poor and respiratory organs normal.

The uterus was irregularly enlarged, hard, movable, tender to the touch and occupied the entire upper part of the pelvic and lower part of the abdominal cavities, extending as high as the umbilicus. The os was hard, hypertrophied, patulous and the cervix eroded. Cyanosis of the vaginal and cervical mucous membrane was not present.

The diagnosis was multinodular myoma, possibly complicated by pregnancy. Whether the examination had any thing to do with it can not be said, but miscarriage, at about the third month, followed two days later. The patient informed me that the doctor considered her pregnant. When she left the hospital at the end of the month the uterus was about one-third smaller in size and was of the same irregular shape. Hysterectomy was advised as soon as the general health had sufficiently restored. Though myoma could be quite definitely diagnosed, the pregnant condition was almost entirely obscured in so far as local signs were concerned.

In July, 1891, it was my privilege to see Mr. Tait operate on a patient fifty-four years old. An ovarian tumor of the right side had been removed four years previously. Mr. Tait was

reasonably sure that malignant disease existed within the abdominal or pelvic cavity. An incision was made in the old cicatrix and immediately the abdomen was opened a ruptured gelatinous cyst was revealed. The cyst could not be felt before the operation and the gelatinous mass felt like malignant degeneration.

On another occasion he had diagnosticated pyosalpinx and on opening the abdomen found an ectopic pregnancy. He made another abdominal section that day, not having made a diagnosis, and also found an ectopic pregnancy. He remarked that his experience that day was entirely unique.

In some abdominal cases the diagnosis is so near the impossible that it can not be made out, even though the abdomen may have been opened.

A patient, aged forty-one years, mother of five children, the eldest twenty-six and the youngest eighteen years old; two miscarriages, came under observation in June, 1895. The abdomen was very much enlarged from a distinct round fluctuating tumor. The largest circumference was forty-two inches, and the measurement from the ensiform cartilage to the symphysis pubis was 16.5 inches. The uterus was high in the pelvis, was quite freely movable and the sound could be passed into the cavity three inches. The menses were regular, excessive at times and dysmenorrhoea had been present since the tumor was first noticed. Leucorrhoea was quite profuse.

There was slight incontinence of urine, which was normal in quantity, rather pale in color, low sp. gr. (1.001) but it contained no albumen, sugar, pus or casts. The tongue was clean, appetite rather poor, bowels constipated and she complained slightly of thirst. Nervous, respiratory and circulatory systems normal. The first sign of ill health was about six months ago, when she noticed a tumor in the left side which was painful and tender, thought to be due to cyst inflammation. Fluctuation was distinct in every direction. The diagnosis was multilocular ovarian cyst and ovariectomy advised.

The operation was one of the most difficult that can be imagined. Firm adhesions were in every direction. Cyst after



cyst was emptied, and the true character of the tumor could not be told until the pelvic cavity was reached, where it was found that the whole fibro-cystic mass was the body of the uterus, which consisted of about two gallons of white fluid and four pounds of solid matter and papilomatous cyst wall. No one would have undertaken the operation could the difficulties or the malignancy of the tumor have been diagnosticated. The operation was begun as an ovariectomy, ending in an hysterectomy. The patient died on the fourth day from suppression of urine.

Another interesting case may be mentioned. The patient was thirty-five years old, single, very fat and of temperate habits of life. The abdomen at its largest circumference measured 51 inches, and from the ensiform cartilage to symphysis pubis 21.5 inches. A tumor could be distinctly made out though the thick abdominal walls; but fluctuation could not be detected. The menses were regular, scanty, began at seventeen, and there was dysmenorrhoea. Dysuria was almost constantly present, and in urinating she almost always assumed the knee chest position; this she had learned by experience. Digestive system, normal; frequently sleepless, and had slight cough and considerable dyspnoea. Father, and all her brothers and sisters had died of phthisis, and her mother died during the climacteric. The patient had hip-joint disease when seven years old which produced ankylosis and shortening. She had noticed the tumor about eight years ago, but it had not troubled her till within the last year. Though the diagnosis was not clear the tumor was thought to be ovarian. The thick abdominal walls made its character very obscure.

While both ovaries were as large as duck's eggs, and cystic the tumor was the myomatous uterus. Hysterectomy was performed and the patient made an excellent recovery. It may be mentioned that the pendulous abdominal walls were from three to four inches in thickness, and the weight of the patient was 230 pounds.

As we all will admit, the tendency of the profession is to resort to surgical rather than other means for the relief of disease peculiar to women. This is due mainly to improper discrimina-

tion in those cases that can as a rule be easily diagnosticated, and prevails in the city, town and country. Surgical discussions are uppermost in all medical journals and medical societies. The lamented Goodell characterized this tendency as "the great medical error of the nineteenth century." Instead of aiming to find out pathological conditions, our time is engrossed in listening to some one's original or improved surgical technique, which in all probability we shall never see, much less do, and soon forget. When we have learned to discriminate between operable and inoperable cases, and to determine whether an operation is necessary at all, we will have made a decided advance.

Symptoms in pelvic diseases of women are very misleading. In ovarian abscess for instance, we would expect the uterus to be fixed, still in one case in which at least an ounce of pus was present within each ovary, the uterus was freely movable and the menses perfectly regular. In another, in which there was at least half an ounce of pus within one tube, the condition of the uterus was not the slightest aid in diagnosis. Chronic endometritis sometimes exists when there may not be the slightest leucorrhoeal discharge, and leucorrhoea may be present when there is not the slightest disease within the womb. Uterine symptoms therefore are not always present in uterine disease, and may be present when no uterine disease exists. We are too inclined to ascribe to the pelvic organs all the ills that a woman may have, disregarding other organs, especially her sensitive and emotional nervous system; owing to which we meet with nervous disorder more frequently in women than in men, and with that kind resulting from the worries, anxieties, cares and fretfulness of life. Such patients almost always have headache, backache, pain within the pelvis, weariness and wakefulness. They will also frequently have irritable bladder, scanty, painful and irregular menstruation, and sometimes ovarian pain. There may be pain and numbness in the extremities, the skin may be dry, with pigmentary deposits on different parts of the body, and to add to the woman's unhappiness she will assure us that she is losing her mind. Such symptoms are plainly those of nerve-tire, nerve exhaustion. Yet how inclined we are to attribute them to some uterine or pelvic disease,



and at once begin an industrious search for it. Such cases are frequently met with among shop girls, who rarely have uterine disease, and among wives of drunken husbands, unhappily married women, and the care-worn. If perchance we find a slightly eroded or slightly lacerated cervix, or a superficial tear in the perineum, how inclined we are to attribute all her ills to these insignificant causes. A mistaken diagnosis in such cases that so much simulate actual uterine disease is not always inexcusable. A mistake can only be avoided by a careful attention to detail in the examination of each individual case.

The following interesting case came under my observation in the summer of 1894. The patient was a bright and highly educated young lady, twenty years old, accompanied by her mother, who informed me that she had been treated by a woman physician during most of the year past for "womb trouble;" said that she was not improving, and that she feared her daughter had some serious disease of the womb; that it was "tipped backwark," and that the doctor had to *replace it frequently*. The young lady complained of headache, especially at the base of the head and nape of the neck, backache, leg ache, neuralgia in different parts of the body, and that she was constantly tired and slept little or none at night. These symptoms were intensified at her menstrual time, which was irregular, and the menses scanty and painful. The extremities were cold most of the time, she had palpitation, was anemic, and was much annoyed with acidity of the stomach, flatulence and constipation. The bladder and urethra quite irritable, especially at the menstrual time. The patient had just finished her education and had studied very hard the last year in school. Since school had closed she had spent most of the time reading, and often sat up until midnight. The uterine symptoms could easily be eliminated, and it was suggested to the mother that an examination was hardly necessary, and should the patient not improve it could be made at another time. I rarely deviate from my habit of avoiding the examination of the pelvic organs in young girls, except under anesthesia, and only then when the symptoms are quite positive; but in this instance the mother insisted that it was important. and that it should be done as she

had brought her for that purpose. On examination, much to the surprise of the mother and to the delight of the patient, the pelvic organs were normal in every way, except that the uterus was slightly tender, probably from hyperesthesia, and no doubt due in a measure to the "local treatment to which she had been so long subject, or we might better say, a victim. She was under observation from time to time for three or four months, and aside from an occasional vaginal douche her pelvic organs did not receive the slightest attention. Having missed her, and having seen her father a few months later, he informed me that she was in perfect health.

---

### *A CASE OF ANENCEPHALUS.*

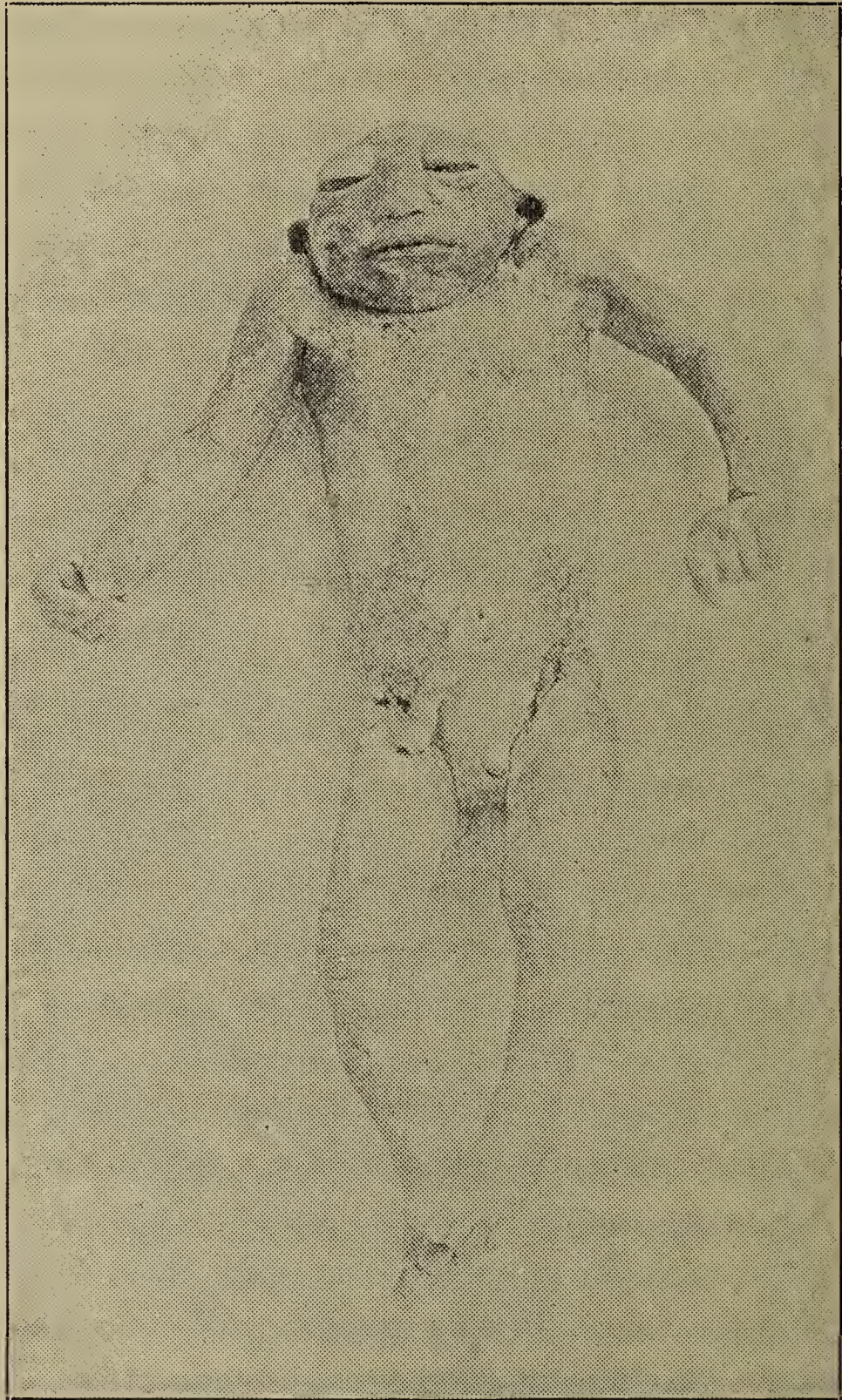
BY HERMAN A. DUEMLING, A. M., M. D.,

Professor of Surgical Anatomy and Latin in the Fort Wayne College of Medicine.

Perhaps the most hideous of all congenital malformations is found in the condition called acrania or anencephalus. The term itself is expressive of the malformation. A case of acrania is marked by either total absence of the cranial arch, brain and medulla, or the presence of rudimentary structures which take the place of the structures before enumerated. Certain it is that this is produced by arrest of development at some time during the intra-uterine existence of the foetus. Often this monster is found in twin pregnancies, and it is thought that the malformation occurs through the agency of the other twin, as for instance the condition known as "foetus papyraceus" which is produced in this way. This explanation would seem rational enough if this monstrosity occurred only in twin pregnancies, but, unfortunately for the theory, the monster is often found alone. All monstrosities, and perhaps anencephali oftener than others, are associated with hydramnion, but whether the hydramnion is responsible for the malformation, or the malformation for the hydramnion, is a question yet unsettled. The theory of maternal impressions influencing the physical development of the child



in utero is regarded as non-scientific and untenable. Spina bifida is very probably a related condition, as the nature of the defect in acrania and in spina bifida is very much alike; viz, a



defect of the cranial vertebra in the former, and in the latter the same defect in the spinal vertebra. This is still more emphasized by the fact that acrania and spina bifida may occur in the same subject, the incompleteness of the cranial and spinal arches being pronounced from the first cranial vertebra to the last spinal. (A case of this extreme malformation may be seen in the



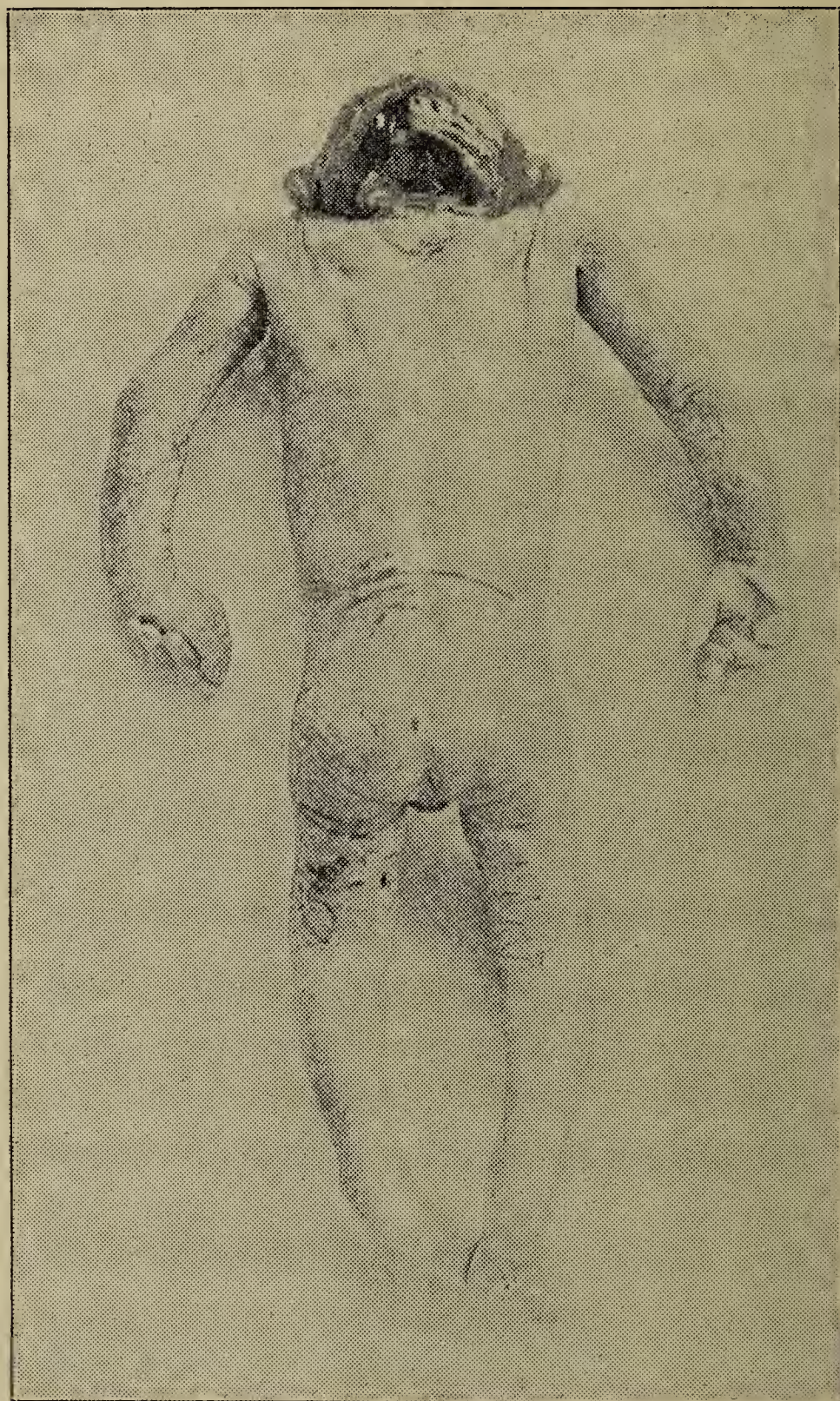
museum of the Fort Wayne College of Medicine.) The appearance of such a monster is striking. The absence of the cranium; the cut off appearance which the head presents, the bulging eyes which appear as if they were placed on the top of the head, and the projecting ears make the diagnosis certain on sight. The base of the cranium is represented by an irregular mass of bony and vascular tissue. The formation of the bone in no wise suggests an attempt at regularity. It seems as though enough bone material had been thrown out, but that it had failed to organize in recognized shapes. This irregular surface is covered by a delicate membrane, presumably the arachnoid, in which numerous vessels are seen. Often bits of brain tissue are found in the meshes of these vessels, but they are not connected to each other and do not appear to exert any influence. To the touch and sight this mass of vessels is like placenta, with the exception that underneath we come upon the hard nodular masses of bone.

Fortunately the viability of these monsters is not great, depending of course on the severity of the malformation. If it does live for a time, the respiration is irregular, and nursing defecation and urination may occur. There is a tendency to convulsions, and death usually occurs from this cause.

The case, photographs of which appear, briefly described and with its history, is as follows: On the night of July 12th, 1895, I was called to a case of confinement on the outskirts of the city. The patient was a rather broken down woman of about thirty or more years. She was divorced from her husband, a mulatto, (she a white woman) and had lived in an illy ventilated hut with friends who had taken her in when the time for her confinement came. She told me that she had been in pain for some days, and appeared to be suffering acutely at the time of my visit. The first thing to attract my attention was the enormity of the tumor, which, however, was perfectly smooth. I was unable to recognize any parts of the foetus through the abdominal walls. On examination per vaginam I found the os dilated to the extent of about a half dollar piece, the membrane being intact. As I inserted my fingers in the dilated cervix



several little projections could be made out, which at first thought were taken to be fingers. The slightest touch immediately produced ballotement, and through this phenomenon, the



impression that these little points were fingers, was strengthened. I left the patient with one-quarter grain of morphia and ten grains of quinine and returned in four hours accompanied by Dr. B. Van Sweringen, whose assistance I had solicited. On my return the situation was very much the same and I ruptured the membranes. Immediately a gush of fluid came, which drenched



me before I could jump from the side of the bed where I had been sitting. The uterus now contracted slowly and forced an irregular mass into the vagina. On examination this irregular mass was recognized as the top of the head of a monster, which was diagnosed an anencephalus before it was born. The monster died immediately after severance from its connection with the maternal circulation.

In this case there is complete absence of the brain and medulla, and the incompleteness of the cranial arch is well marked. Its size corresponds to the usual size of a seven-months foetus. The trunk and all limbs are well formed. Its sex is male. The appearance is best given by the accompanying cuts.

---

### *PYOSALPINX, ITS DIAGNOSIS AND TREATMENT.\**

By DR. J. B. GREENE,  
Mishawaka, Ind.

Having been hampered by an excess of business, and by sickness in my family, it has been impossible for me to prepare a paper, however, I will try to say a few words on this subject.

In the first place, we have no cases of acute pyosalpinx. The disease is always chronic. Now whether the pus which accumulates in the fallopian tubes is the result of a catarrhal process or of a gonorrhoea is immaterial. Pyosalpinx means invariably pus in the fallopian tubes.

To discuss the subject intelligently you must take into consideration not only the affection of the tubes but the affections of the contiguous organs, especially the uterus and its endometrium. Noeggerath, I believe, was right when he said the germ of gonorrhoea never died. I have had a few cases of pyosalpinx, and by tracing the cause back I have found that the great majority of them were caused by a latent gonorrhoea in the hus-

\*Presented before the St. Joseph County Medical Society at South Bend, Jan. 28, 1896.

The paper is published as taken by a stenographer, Dr. Green using no notes.



band, it may have been a year, it may have been many years ago, or as the result of an abortion—a neglected abortion.

The diagnosis of pyosalpinx may be an easy one. The examination, however, is more apt to be negative. Of course we have the pains extending in each leg, ovarian and peritoneal tenderness, fever, chill—but we may have these with other cases—and upon digital examination we may feel what is called the “sausage,” and still we are not certain of pyosalpinx. The only absolute method is to bring the tube out where you can see it. You may know that you have a salpingitis of some kind. You may have a discharge of pus from the os, and yet upon opening that abdomen you may find no inflammation of the tubes, or you may find a tube full of pus. We must take diseases of the uterine appendages as a whole and treat them by the best light that we have; if the case demands operation, operate, and then the diagnosis will be made by direct inspection.

I have a number of specimens here, with their histories, to bring before you, because they were cases of known gonorrhoeal origin. The first I will present is this large uterus, the subject of parenchymatous inflammation. There was no pus in the tubes at all. One tube is very much lengthened and the other very much shortened. The uterus is one mass of degeneration.

In the second case there was a pyosalpinx on one side only. There was a continued discharge of pus from the uterine cavity showing an endometritis, and knowing it was gonorrhoeal, I felt it was proper to remove the uterus as well as the tubes and ovaries.

Here is another marked case of pyosalpinx: Each tube contained pus, the right more than the left. Still, with the exception of the elongation of the tubes, it is a fairly natural looking specimen. It was removed from a prostitute.

Here is a pair of tubes (together with the ovary) that were filled with pus. They were also gonorrhoeal. I know this case was gonorrhoeal. Not all of them were cases of infection from the male in the acute stage of gonorrhoea, but in each case the history showed that not one of the husbands, or the parties who

infected the patients, had been well of gonorrhoea more than six months.

The last case is the most interesting of all. Three years ago a lady innocently contracted gonorrhoea. The left tube and the whole pelvis was filled with a mass of organized exudate. I operated last Sunday with the assistance of Dr. Hager. Several cysts were forming on the tube and ovary. On the left side the tube was greatly shortened and blunt. I do not know where it was not adherent. On the right side everything was a mass, and we found a very rare specimen. We had a true cyst of the ovary, and not a parovarian cyst; also a diseased and adherent tube, very large, very long, but containing no pus. The top was attached to the caput coli and hither and yon and everywhere. We had marked hemorrhage, but were able to control it. The drainage tube was removed yesterday and the patient is to-day passing flatus, and has had a movement of the bowels. The pulse has never gone over seventy-three except immediately after the ether which produced vomiting. (February 6th, eight days after operation, patient sitting up. Discharged.)—ED.

Now with regard to treatment, I know of cases of pyosalpinx that have recovered under the forces of nature. I have one case now in mind that was a case of gonorrhoeal infection, and this was the only case where I have succeeded in sounding the fallopian tubes. I dilated them and she got better. She has now passed the menopause.

One method of treatment is by irrigations, rectal and vaginal, of hot water; it is expectant treatment as regards cure. Another method which I have never tried is puncture, vaginal puncture. I should be a little afraid of vaginal puncture of the fallopian tube, for you do not know where you are going. You *do* know that with a partially dilated tube and contiguous inflammation, the parts are no longer normal and you can not be certain of their relations. Again, it is possible to have a systemic infection from a drop of pus which may escape through your needle-hole.

Another method which has been frequently used is dilatation of the uterus, together with thorough curettment and pack-



ing. I have used it a number of times. I have never known of a case in which it did not, at least temporarily, aggravate the symptoms.

The treatment that gives best promise of a cure is radical, absolutely radical removal of the tubes, and, if the ovaries are in the least affected, the ovaries. I say "in the least" because I do not believe in all cases it is proper to remove the ovaries, for by leaving a small portion of them you will prevent many of the symptoms of the menopause, sudden hot flushings, etc. Now whether you should remove the uterus, together with the tubes and ovaries, must depend upon the case.

A few words in regard to technique in removal of tubes and ovaries. The removal of the tube and ovary without ligation is an operation I made a number of years ago but was not satisfied with it. A number of prominent operators are now advocating it. Dunning dissects the tube and ovary away without wounding the artery. This is a great mistake. It does not make any difference whether you use an over and over stitch or not, you are still leaving a full blood-supply and the uterus will not atrophy. You are leaving a full nerve supply. Nerve structures should be cut through for the purpose of producing atrophy of the uterus. With it at its full normal size it is more than useless and why would you leave it at all? Simply as a floor for the pelvis. You may look at the statistics, my experience satisfies me that no uterus can be removed without shortening of the vagina, followed after a time by adhesion and dragging upon the intestines, and then you will get a sigmoidal affection.

Where you have a tube full of pus and you have opened the cavity, what are you going to do? It is well to prevent that pus from escaping into the abdominal cavity. We do not have the fear of the pus getting into the cavity that we used to; still I do not pretend to say that it is a safe procedure and, therefore, it is a good plan to ligate the fallopian extremities before you put on your ligatures to control hemorrhage. Again, after removing the tubes it is well enough to bring parts of the peritoneum over the uterine wound, and close that if possible. (The Knott method of removal.) And whether you will leave the ends of the

ligatures protruding from the wound must be decided by your case; and whether you will use drainage must be decided by the case. As a rule I cut my ligatures short and drop them back into the cavity, and where I have much seepage I will use drainage. I invariably use a great quantity of hot water, it brings the patient up. The choice of ligature is one for you yourself to make, yet I would advise you never to use a cat-gut ligature; it will disintegrate before it is fairly safe to turn those arteries loose in the abdomen. Silk you can count upon every time, and you will have no more infection from the silk than you will from any other ligature. The Staffordshire knot is no good, for if the loop on one side cuts into the tissue it loosens the loop on the opposite side as much as the side cut, thus giving a chance for double hemorrhage. I pass through my needle and tie both ends.

---

### HARD LUCK!

The conversation had turned on appendicitis, and a gentleman remarked that Mr. Johnson had had his vermiform appendix removed. A deafish old lady present pricked up her ears at this, and asked, "what was that you said?" Raising his voice the gentleman answered, "I said that Mr. Johnson had his vermiform appendix removed." Very sympathetically, and in loud tones, the old lady replied, "Oh, what a pity; and he wanted children so badly, too!"—*Exchange*.

---

Medical fees have recently been regulated by governmental edict in Germany. An ordinary visit is scheduled at twenty marks, which amount may be increased two or three marks in cases requiring examination of any internal organ. A prolonged visit is recompensed at the rate of three marks for every half hour commenced. Night visits are quoted at double, and even triple, the foregoing rates. An urgency visit is valued at double the amount of an ordinary visit.



## SOCIETY PROCEEDINGS.

---

### ST. JOSEPH COUNTY MEDICAL SOCIETY.

The Tenth annual meeting of the St. Joseph County Medical Society was held at South Bend, January 28, the attendance being usual large. Several visitors from neighboring counties were present and read papers, as well as entered into the discussion.

The first paper, entitled "The Eye Symptoms in Certain Deep-Seated and General Diseases," was presented by Dr. A. F. Schafer.

Dr. Schafer detailed the principle ocular symptoms which accompany or are dependent upon constitutional disorders or diseases of deep-seated organs. He called particular attention to the retinal manifestations accompanying Bright's disease, and stated that in many instances the diagnosis was first made by the oculist who recognized the kidney lesion from the ophthalmoscopic picture presented. Attention was also called to the diabetic cataract which frequently accompanies diabetes. The ocular manifestations of syphilis were also mentioned and particular attention called to the fact that in a large per cent. of cases of iritis the under-lying cause is specific trouble. In closing Dr. Shafer made a plea for a close relationship between the general practitioner and specialist and expressed the view that in very many cases the specialist and general practitioner can be of mutual benefit to each other, and cited, as illustrating the need of this relationship, the fact that diagnoses are often first arrived at by the oculist or after study of the report of the oculist's examination.

### DISCUSSION.

*Dr. Wheelock:* "To bring this discussion properly up for consideration it will be needful to state that by deep-seated disease is meant such as affect the cerebro-spinal system, the heart and kidneys, and occasionally we may add the liver. By general disease we mean all such diseases of a general nature as have eye-symptoms concomitantly, primarily or secondarily, attached to them. We may then enumerate in the order of their frequency and importance the diseases which affect primarily the general lymphatic glandular system and give rise to hyperplasia of connective tissue. In this category may be enumerated first, syphilis. Second, tuberculosis, while growing out of their complementary union we find scrofula

as standing prominently in the front of general causative influences. Second to the group just mentioned stands the acute infectious diseases, scarlatina, diphtheria, measles, typhoid, cerebro-spinal meningitis, by reason of their toxic effects on the cerebro-spinal system. These diseases usually expend their force upon the special nerve of sight and the motor system, producing optic neuritis, transitory amaurosis, and ocular muscular paralysis. Third, as affecting the vascular system and the underlying stroma of the system we find gout and rheumatism occupying a prominent place, while fourth, nephritis, acute and chronic, sclerosis of the vessels and cardiac hypertrophy are responsible for many serious organic changes in the eye. Fifth, we may place "grippe" in a category by itself as producing changes very similar to those changes mentioned in the second, third and fourth. Sixth, whether diabetes is a disease of the brain or of the liver it is responsible for a large number of eye troubles referable to the metabolism of the intra-ocular tissues, as lenticular disturbances, hyalitis, secondary neuritis or hemorrhagic neuro-retinitis and iritis. Seventh tumors, at any part of the mesencephalon, may directly cause atrophy of the optic nerve, or paralysis of any or all of the ocular muscles, and indirectly through heightening the intra-cerebral pressure may cause choked disc with secondary atrophy. Abscess leads to optic neuritis and hemorrhage into the pulvinar, corpus striatum, quadrigemina or occipital lobe of the cerebrum may cause lateral half blindness. In fact tumors, abscess or hemorrhage may be responsible for this effect.

"I am familiar with but two eye signs which are pathognomonic and which, when presented, always point definitely to a certain pathological condition. In the fatty degenerative changes of the connective tissue of the retina we have an unfailing sign of Bright's disease. In the Argyle-Robertson pupil we have the sign of beginning tabes. When these signs are found we can always within very narrow limits predict nephritis or locomotor ataxy. I have seen one case, however, which presented all the ocular signs of advanced nephritis yet which presented a perfect clinical picture of lithaemia, also one case of diabetes in which patient died from coma, and who presented the eye symptoms of tabes."

*Dr. Porter:* "The case referred to by Dr. Wheelock is an intensely interesting one. It was a case of pronounced lithaemia, with all the symptoms and signs. It occurred in the person of a young lady, twenty years of age, who weighed about 200 pounds, which constituted somewhat of a contraindication to the use of water. Again, in connection with the uric acid, which was in such large quantities that it did not need any special examination to demonstrate it, there was albumin and casts, and it was a question whether we had to do with anything more than Bright's disease, or whether we had a gouty condition in connection with it. The patient



apparently recovered on the treatment, which consisted in the use of large quantities of water. She had headaches and vomiting. She came again with diplopia, so that I finally thought that there probably was a lasting disease."

*Dr. Green:* "This paper interested me from the fact that it brought to mind a case which has been under my treatment for a number of years, and I have been unable to arrive at a diagnosis. I have on some occasions found all the symptoms of gout, and at other times would find all the symptoms of rheumatism. Be the disease what it may, the patient has gradually grown worse, and while not confined to bed, has been reduced from 164 pounds to 113 pounds. She has occasional paroxysms resembling asthma, lasting from one to two hours, once or twice a month. When her constitutional symptoms—the pain in the joints and muscles, and marked increase or decrease in the amount of urine—are bad her sight is decidedly better. When these symptoms are better, her sight is such that she can not see to read, and can not recognize a person fifteen feet away. She has been tested by the best oculists and fitted with a good pair of glasses, but still the eye symptoms are always worse when the constitutional symptoms are better. A very rare condition has shown itself in this case within the past year. It is called Xerostoma, or dryness of the mucous membranes of the entire body; so dry that they will crack. The tissues of the mouth, nose and vagina become as dry as the skin will in a case of advanced diabetes, and the patient will suffer severely from a few days to a week, when she will again be better. Then there will be an obvious shedding. However, that symptom does not seem to have any correlation with the eye-symptoms."

*Dr. Schaffer* in closing: "It is very hard to bring together all the eye-symptoms of the general diseases. There are only a few, but there are some which are very well marked, as the diabetic cataract and albuminuric retinitis. The general practitioner often overlooks these diseases as causative factors, but the oculist suspects them at once from the appearance of the eyes. It is very hard to formulate a paper which is of interest to the profession generally, and I only wanted to bring out the fact that there are a great many symptoms and signs of general disease which can only be obtained by a careful examination of the eyes, and that the oculist is of very great importance to the general practitioner. I could cite a number of instances where perhaps the diagnosis was first made by the eye examination. It is for this reason that I presented this short paper."

The second paper on the program, entitled, "Pyosalpinx; Its Diagnosis and Treatment," was presented by Dr. J. B. Greene. (The paper will be found elsewhere in this number.)

## DISCUSSION.

*Dr. Porter:* "Our attention is usually called to salpingitis through the peritonitis which is caused by it. That the examination is often negative in salpingitis is true but that it is negative in pyosalpinx I do not believe.

"The cyst which Dr. Greene has shown is one of the paroophoron. These, together with oophoritic cysts form, according to Sutton, 80 per cent. of all so-called ovarian cysts. I do not believe that curettement and packing will cure many cases of salpingitis.

"I can not conceive of circumstances which would warrant one in leaving ligatures long and protruding from the abdominal wound. It would be medieval surgery. Hot water flushing is necessary at times to free the cavity from septic material and in cases of shock it is sometimes called for, but if I can protect the cavity from infection I prefer the dry method of operating.

"I must disagree with Dr. Green when he says the Staffordshire knot is "no good." The Staffordshire knot is less bunglesome than the doctor's method, for it gives but one knot while his gives two; it is less likely to slip than his knot and, of most importance perhaps, it insures against splitting of the pedicle, while by his method splitting is very likely to occur and may cause serious hemorrhage. While in some particulars I differ from the doctor, yet we must acknowledge that his results have been most excellent and results in surgery speak louder than words."

*Dr. E. E. Montgomery:* "In reference to this paper or talk I wanted to mention a case which came under my notice and which I looked after for a year. A woman twenty-eight or thirty years of age had a circumscribed pelvic peritonitis. After the inflammatory trouble subsided there was a discharge of pus from the rectum, about a tablespoonful, which usually came before the discharge of foeces. The evacuation of pus was not always attended by the evacuation of foeces, but would occur by itself two or three times in the twenty-four hours. She had several attacks of inflammation in the region of the pelvis and invariably on the left side. About six months ago I thought the patient was going to die from the severity of an acute inflammation, and during this time there was this continual discharge of pus. She finally recovered from it and I advised her to go to Chicago. We are in doubt about where the pus came from. We consulted Dr. Dudley, who pronounced it pyosalpinx of the right tube. He said there was an indurated mass the size of an orange. During these two years the attacks always occurred on the *left* side. He advised an operation, saying it was simply a matter of death in a few months if left alone. She came home to make up her mind what to do and finally concluded to let the matter rest. Between the attacks her health is fair; she is not strong but gets along fairly well. It was three months ago that Dudley saw her, and she continues to



have a discharge of pus from the rectum. I would particularly like to hear from Drs. Greene and Porter on the subject."

*Dr. Porter:* "It occurred to me that the trouble was originally a double pyosalpinx, but the real trouble now arises from the right side, which is emptying into the rectum. I do not see that the patient is likely to die in a few months at all. I had a case which was too low for operation and on palliative treatment she went along for four years, and since that time has married and enjoys good health. She has not had an attack of peritonitis since her marriage three years ago."

*Dr. Stone:* "I would like to ask what relation there is between the pyosalpinx of either side and the stricture of the rectum, if one exists?"

*Dr. Montgomery:* "I think the inflammation there sufficient to cause stricture."

*Dr. Stone:* "Has cancer been excluded?"

*Dr. Montgomery:* "Well, I exclude it, and I presume that is about absolute."

*Dr. Green* in closing: "I am glad that Dr. Porter and I do not materially differ. The first thing I shall speak upon is hot water. I do not care whether I have got a dry abdomen or not. I hold that hot water will produce a reaction quicker than any other method. The patient will come up quicker, you can discover hemorrhage better, and if there be clots you can wash them out. As regards carrying sepsis from one portion of the cavity to another, you will have no more sepsis. The hot water will not hasten the systemic symptoms whatever.

"In regard to the Staffordshire knot. You all know what the knot is. I will admit that I have but *one* knot there, but here is the point, supposing that after the knot is tied and you are ready to return your pedicle, the tissues under one side give way, you then have both sides loose. By tying both ways you can watch it, and as regards splitting the pedicle the only thing you have to do is to be sure you do not put your needle through an artery. I had one pedicle that was about an inch long, an inch thick, and four inches wide, and we had to put it up with a shoemaker's stitch and the patient had no hemorrhage.

"In regard to Dr. Montgomery's case, I diagnosed sometime ago an abscess. I do not regard the case as a pyosalpinx at all.

"I have a case now which has been in Mercy Hospital for nine months. After four punctures of the tube she came to me here with a fistula back of the uterus through the vagina, almost reaching to the top. I found another fistula which I followed into an abscess. I laid these tracts into one and packed it. The patient made a recovery from the operation, and from the discharge of pus, but she was suffering from a continual pain in the side. I thought then we had a salpingitis and made a laparotomy. I found every-

thing bound down, but the tubes were healthy as far as pus or chronic inflammatory conditions appeared. The ovaries, ligaments and intestines were adherent. The lady is now in apparent health and is gaining all the time. I removed both tubes and ovaries. She has been subject since that time to alternate periods of hemorrhage; one month she will have a nose-bleed that will last for two or three days; next month she will have a uterine hemorrhage which simulates the catamenia."

The next regular paper on the program, entitled "Mistake in Diagnosis Between Floating Kidney and Supposed Distention of Gall Bladder in Male; Unsuccessful Operation for Former and Results," was presented by Dr. J. B. Berteling.

Dr. Berteling stated in brief that the case was diagnosed by him as floating kidney, but that operation proved that the diagnosis was wrong. The case had been diagnosed as floating kidney by several physicians of South Bend and the diagnosis confirmed by Dr. N. Senn, of Chicago, who also advised operation.

Before the diagnosis of floating kidney had been established it was supposed for a time to be a case of gall stones. Six months after the unsuccessful operation by the writer the patient submitted to another operation at the hands of Dr. N. Senn, who now refused to make a diagnosis until after the abdominal incision had been made. From letters by Dr. Senn to Dr. Berteling the fact was established, insisted on by the latter, of "no floating kidney"—no gall stones were found, but an indurated mass which Dr. Senn believed to have been caused by "duodenal ulcers inducing local peritonitis" and the resulting pseudo floating kidney.

The writer then dwelt on the expediency of making diagnoses of intra abdominal pathological conditions only after an exploratory operation.

#### DISCUSSION.

*Dr. F. P. Eastman:* "As much as I would like to, I do not see how I can find fault with Dr. Berteling's paper. Had he brought his case before the society and then gone contrary to the society's opinion or recommendation, we might have cried: "I told you so." The lesson to be drawn from the case is that we should be careful about making diagnoses of intra-abdominal growths. Surgeons are making exploratory incisions. The first case I operated on for floating kidney proved to be something else, and my diagnosis had been confirmed by three or four of our best men. It was so low down that we proposed to open the belly and either take it out or stitch it back where it belonged, but what we found was a great big abscess. The patient has not passed out of my hands, however, and he is going to get well after a fashion. It is a condition and not a theory which confronts us in these cases."

*Dr. Porter:* "The paper has been exceedingly interesting. As I understand it, the diagnosis has not yet been made."



*Dr. Berteling:* "Dr. Senn would not tell and I do not know."

*Dr. Porter:* "Neither does Senn know. Tait opened a belly for ovarian cyst and found a distended gall-bladder. A. Reeves Jackson diagnosed a case of mine as floating kidney when the trouble proved to be cancer of the omentum secondary to the removal of an ovarian adenoma. If Dr. Senn could not make a diagnosis, I would work awful hard for a post-mortem. I believe the gall stones are there yet. I have seen four cases of retained calculi in the gall bladder. One case never had jaundice. She never passed gall stones, they simply remained in the gall bladder until they distended it.

"A good time to make a diagnosis of intra-peritoneal lesion is after you have the belly opened, and this had better be done from the front where you will have plenty of room. I sympathize with the doctor's position."

*Dr. Wilson:* "Was the tumor movable, the same as a floating kidney would be?"

*Dr. Berteling:* "I could push it far up under the costal cartilages and it descended to the lowest point it could reach in the iliac region."

*Dr. Wilson:* "Would it go as low as the rectum?"

*Dr. Berteling:* "Yes sir."

*Dr. Porter:* "I have opened a gall bladder at the level of the umbilicus and extracted stones from it."

*Dr. Green:* "I saw this case with Dr. Berteling before the operation and to my mind the diagnosis rested between a fecal tumor, floating kidney and a distended gall bladder. My experience with abdominal growths is that we know better what their character is after we have seen them."

(TO BE CONTINUED.)

---

### UPPER MAUMEE VALLEY MEDICAL ASSOCIATION.

The initial meeting of this association was held in the Council chamber of the City Hall, Fort Wayne, February 18th, 1896. Over one hundred physicians from cities and towns in Northeastern Indiana and Northwestern Ohio were present to aid in organizing the society, and the enthusiasm manifested is a fairly good indication that the association will flourish and the meetings prove successful from every point of view.

A nominating committee, composed of two physicians from each county represented, proposed the following named gentlemen for the various offices for the ensuing year, and the association acted in accordance with the report:

President—Dr. C. B. Stemen, Fort Wayne, Ind.

First Vice-President—Dr. J. K. Woods, Van Wert, Ohio,

Second Vice-President—Dr. T. B. Williams, Angola, Ind.

Secretary—Dr. George W. McCaskey, Fort Wayne, Ind.

Treasurer—Dr. M. F. Porter, Fort Wayne, Ind.

Board of Censors—Dr. J. L. Gilbert, Kendallville, Ind.; Dr. C. E. Slocum, Defiance, Ohio; Dr. J. W. Squires, Churubusco, Ind.; Dr. H. A. Weer, Bluffton, Ind., and Dr. A. P. Buchman, Fort Wayne, Ind.

It was decided that the association meetings be held twice a year, on the second Tuesday of February and September. Warsaw, Ind., was selected as the next place of meeting. (September, 8th, 1896.)

The first paper of the meeting was presented by Dr. Jas. W. Squires, of Churubusco, the title being, "Temperance From a Medical Standpoint."

Dr. Squires discussed the subject of temperance very thoroughly, touching more particularly upon the moral aspect of the question. Statistics were quoted to show that America produces the greatest number of drunkards and that the quantity of alcoholic beverages consumed in this country is more per capita than in any other country. The essayist said that insanity was increasing in this country at an enormous rate and he advanced the idea that alcoholic stimulants were the cause of the increase.

The essayist held the view that in the treatment of disease alcoholic stimulants had no place and could only do harm. Various authorities were quoted to prove that the percentage of recoveries in cases treated *without* alcoholic stimulants was greater than in cases treated *with* alcoholic stimulants, and the conclusion drawn was that physicians should refrain from using alcoholic stimulants in their practice.

#### DISCUSSION.

*Dr. George C. Stemen:* "While I am willing to admit that alcohol in any form is a dangerous thing to use indiscriminately, and while I am willing to admit that the effects of alcohol in disease may often result in harm, I am not willing to admit that alcohol has no place in our materia medica and therefore should be discarded as a therapeutic measure. We know that alcohol may be a tonic, stimulant, sedative, narcotic and anesthetic, and that its improper use may lead to injury, both from a physiological



and moral standpoint. Many other remedies possess qualities which, if applied in medicine improperly, might result in more harm than that which arises from the improper use of alcohol. I believe that alcohol, under proper restrictions and limitations, is one of our most valuable therapeutic remedies, though I must confess that the tendency among medical men is to step over the line of discretion in prescribing it for medical use. In surgical shock my experience has been that nothing acts so promptly and favorably as alcohol administered hypodermically, and this is only one indication out of many where alcohol has proven itself of service and value. It may be argued that other remedies may be substituted that will act equally well, but I am not prepared to substantiate such a view. I would not be understood as advocating alcohol in every case demanding a tonic or stimulant, but I would advocate the use of alcohol in all cases in which experience has shown that the remedy is of undoubted value. We must look at the scientific and practical side of the question and not to the sentimental, and we will be better physicians if we learn *how* to use alcohol than we will if we condemn its therapeutic application to disease because an indiscretionary public reaps injury from its improper use."

Dr. Norman Teal, of Kendallville, presented a paper entitled, "Home and Hospital."

Dr. Teal contended that treatment at home is most advantageous to both the sick and the profession, not only by reason of the benign influences of association with family and friends, including the house doctor, but because of the usually intimate acquaintance of the family physician with history and possible idiosyncracies of the patient, the better atmosphere, the exemption from homesickness, upon the grounds of economy, and for the many minor satisfactions found only at home.

Admitting some apparent superiority of the general hospital, the author maintained that the ordinary home, especially in the country, is signally free from infections, and that needed renovation can readily be effected at a trifling cost by enforcement of the most simple modern anti-septic rules, which embrace clean hands, clean instruments and a clean field of operation.

The paper also made the general contention that the custom of sending patients away from home for treatment depreciates the local profession, including the member in charge, and thus unjustly withholds merited fees and adds extra burden of expense to the afflicted.

Referring to hospitals for the insane the author took the ground that insane patients can not be treated properly at home, mainly because restraint and control of them can not be kept up in private houses, and because the insane are a constant menace to their nearest and dearest friends, and that the State should be the ever watchful guardian of all insane

persons, whether curable or incurable, violent or docile; arguing upon this point, that an insane or feeble-minded person is "never harmless unless powerless," and, therefore, should never be allowed "to go and come at their uncertain will." Adding that "incurables" should not be returned to their families nor the county asylum.

The trained nurse, "whether in the uniform of blue or gray, the black dress and white bands of some saintly sisterhood, or the plain garb of the prudent housewife," received emphatic endorsement and commendation; and the hope was expressed that every community would at no distant day be favored with her service.

The following paragraph concluded the paper:

"Disease and accident strike without warning, and fortunate is he who meets the foe on his own ground, and has [the wish and determination to fight the battle there, with familiar hands to tend his hurts, and a tried physician to stand by him in his hours of need."

#### DISCUSSION.

*Dr. Passage*, of Peru: "It is an injustice upon many patients who have the misfortune to become mentally unbalanced to have judgment passed by two physicians and one justice as to evidences of insanity, and it is an outrage upon humanity to incarcerate in the county jail every person who has been pronounced insane by a board which usually is incompetent, when many of those patients must remain in such quarters for months and perhaps years before being admitted to an asylum, and when some of such patients would permanently recover if placed under proper treatment. I believe in putting every mentally unbalanced person in a hospital where skilled treatment may be secured, and I believe in keeping those patients there until a cure is effected, for no insane person can be considered harmless."

*Dr. Howe*, of the Indiana Asylum for Feeble-Minded Youths, said that she was sorry to hear any physician say that no insane patient is harmless. She said she had had under her care during the past few years, previous to coming to Indiana, over 3,000 insane patients and out of that number she was satisfied 1,000 were harmless. Most of the number that were harmless suffered from home-sickness and in her judgment the very restraint that was thrown around them, and the absence from home and loved ones, was sufficient to detract from the benefits of treatment. In her judgment there were two classes of harmless insane. One class could be treated best at home while the other could be treated best away from home and friends. Some patients find home and friends irritating, though such patients might be perfectly harmless and subject to cure by treatment away from home. Superintendents should use judgment and divide patients into their proper classes and select treatment accordingly. *Dr. Howe* stated that she had known of instances where insane patients were taken home against the advice of the



superintendent and such patients got well, while on the other hand patients who were worse at home got well when away from home, even without confinement. Dr. Howe favored hospital treatment, but she hoped that in many cases home treatment would first be tried, the patients in all instances being surrounded with necessary safe-guards.

*Dr. Buchman*, of Fort Wayne, wished to thank Dr. Howe for her remarks and to say that her experience was worthy of consideration. He thought that most physicians do not know what a *normal* mind is and therefore can not always detect that which is *abnormal*. It is necessary to know what is delusionary and emotional. With a view to better understanding diseases of the mind he would advocate a chair of psychology in every medical college."

*Dr. Van Buskirk*: "It has been said that this world is an asylum and we are all inmates, and I think such is largely true. It is difficult to draw the line. I have seen cases that I thought ought to be taken to the asylum, but have seen such cases get well at home and no danger was experienced either. Competent physicians should pass judgment as to insanity, and I would advocate taking asylums out of politics."

*Dr. Wheelock*, Fort Wayne: "I have had no experience with insane patients but I would caution you not to allow delusionary insanity to pass unheeded. Sentiment should not guide us, for human life may be sacrificed as a penalty for our folly. A woman in this county who had delusionary insanity, and who was pronounced harmless, got up one night and killed all her babies. The State should care for all unbalanced minds and I would advocate the confinement of *any one* with unbalanced mind."

*Dr. Howe*: "It is not everyone who can separate the dangerous from the non-dangerous. In the case just cited I would say that the woman had been dangerous from the first, and we should always look with suspicion upon the mild delusionary cases."

*Dr. Harriet Stemen*: "As most patients dread being confined in an asylum because of the odium that is attached, it seems to me that much benefit could be derived from impressing upon the patient and the public that our institutions for the care of those of unsound minds are hospitals and not asylums."

*Dr. McCaskey*, of Fort Wayne, said that he thought there was usually a lack of discrimination in diagnosing insanity and in selecting treatment. Physicians forget that they are dealing with symptoms which manifest themselves in a variety of ways. The diagnosis should determine whether the patient is to be sent to the hospital or not and it is very important that the diagnosis should be made only after a most careful analysis of all the symptoms. Many physicians are absolutely incapable of diagnosing the various forms of mental disturbances, and in such instances it should be the duty of the physician, or those in authority, to call in *some one who can make the diagnosis*. Some insane patients are dangerous and some not, some are curable while others are not, and upon the diagnosis will rest the prognosis. Every patient

is entitled to the best consideration at the hands of competent examiners and the idea that every insane patient should be taken to an asylum should be discouraged.

*Dr. T. F. Wood*, of Angola, said he could see no reason why there should be any disgrace in being at any asylum and an effort should be made to discourage such an idea in the minds of the public.

*Dr. Beavers*, of Decatur, said that he thought that the examination of all insane persons should be placed in the hands of a medical board and that such medical board should consist of men thoroughly competent to make the correct diagnosis and outline suitable treatment.

*Dr. Teal*, in closing: "I have nothing particular to add except to say in answer to one of the speakers that I am not in favor of taking this question out of politics, but on the contrary would make it a prominent public issue. I believe in the utmost liberality in the support and extension of our public hospitals for the insane, and this has been my position when acting in an official capacity."

(TO BE CONTINUED.)

---

#### TIPPECANOE COUNTY MEDICAL SOCIETY.

At the last regular meeting of the Tippecanoe County Medical Society, the following officers were elected:

President—Dr. R. S. Tea.

Secretary—Dr. George F. Keiper.

Treasurer—Dr. G. F. Beasley.

The regular meetings of the society are held on the first and third Mondays of each month, and the secretary reports that the meetings are well attended and that a prosperous year is expected. Purdue University has thrown open her laboratories to the profession for whatever experimental work the physicians may desire to do, and is in other ways granting favors of particular interest to the medical fraternity.

Dr. Bitting, of the University, has recently lectured before the society upon his experiments with tuberculin on cattle, and Prof. Burrage recently presented a paper upon typhoid fever, giving particular attention to the part that improper sanitation plays in the development of the disease.

On March 16th Prof. Duff will give a demonstration of cathode rays as applied to surgery.



# Fort Wayne Medical Magazine.

---

VOL. IV.

MARCH.

NO. 3.

---

## EDITORIAL STAFF:

ALBERT E. BULSON, JR., B. S., M. D., MANAGING EDITOR,  
19, 20, 21 Pixley-Long Building.

MILES F. PORTER, A. M., M. D.,  
47 West Wayne Street.

GEORGE W. McCASKEY, A. M., M. D.,  
107 West Main Street.

BUDD VAN SWERINGEN, M. D.,  
26 West Wayne Street.

FRED J. HODGES, B. S., M. D.  
Anderson, Indiana.

---

A Journal of Medicine and Surgery. Published between the 1st and 10th of every month. Price, \$1.00 per Year, Postage Paid.

This Journal is devoted entirely to the advancement of medical science. Essays, Clinical Reports and Personal Communications of a medical nature are solicited. All Contributors are responsible for their own utterances.

All Communications, Subscriptions and Books for Review should be addressed to the Editor of THE FORT WAYNE MEDICAL MAGAZINE, 21 Pixley-Long Block, Fort Wayne, Indiana.

---

## ANNOUNCEMENT.

The Commencement Exercises of the Fort Wayne College of Medicine will be held at the Masonic Temple, Wednesday evening, March 18, instead of Tuesday as originally announced. The annual banquet will be held the Hotel Randall at the close of the commencement exercises.

---

## EDITORIALS.

---

### MEETING OF THE INDIANA STATE MEDICAL SOCIETY.

The announcement to the members of the Indiana State Medical Society of the Forty-seventh annual meeting, to be held at Fort Wayne, *Thursday and Friday, May 28th and 29th*, which is soon to be sent out by the committee of arrangements, con-

tains information which should be borne in mind by ever member who desires to present a paper before the society.

"No voluntary papers shall be read before the State society unless such paper shall have been read before the society of the county in which the author lives, and by such county society referred to the State society. All such papers shall be sent to the chairman of the committee of arrangements of the State society *at least twenty days before the annual meeting.*"

It is the intention of the program committee to arrange the papers in such a manner that papers of similar character will appear together, and to insure discussion two members to each paper will be appointed to open the discussion.

All indications at this early date point to a large attendance and a most interesting and profitable meeting, and it is hoped that the Fort Wayne session will be the means of adding to the membership many physicians who have not previously identified themselves with the organization, and stimulate renewed activity and interest among those who are members and who have allowed their interest to wane.

The usual one and one-third railroad fare for the round trip, on the certificate plan, has been secured, and the chairman of the committee of arrangements, (Dr. Albert E. Bulson, Jr.) assisted by the local physicians, who are taking great interest in the coming meeting, is making every arrangement to insure a satisfactory session from every point of view. B.

---

### THE ROENTGEN RAY PHOTOGRATHS.

Within the last few weeks the entire scientific world has been fairly swept off its feet in a most unusual manner by the result of what is superficially called an accident. The accident consisted in the circumstance that the hand of Prof. Wilhelm Conrad Roentgen, a native of Holland, but for the last eight years a member of the faculty of the Wurtzburgh University in Germany, happened to rest between a vacuum tube, in which he was studying certain forms of so-called electric radiation, and a photographic film. Certain peculiar lines were observed upon



the latter, which were found upon investigation to be the outlines of the bones, independently of the outlines of the flesh and integument with which they were covered. The experiment thus inadvertently performed was of course repeated and verified, and the published results have also been verified in all the important scientific centres of the world. There does not appear to be the slightest doubt that with proper appliances it is comparatively easy to obtain distinct and well defined photographic outlines of bones, together with certain metals, among which, for obvious reasons, it is fortunate that lead is included; and this while they are still ensheathed in their native layers of either living or dead tissues; provided of course that the latter are not too very thick. It is, however, quite possible, if not probable, that the latter difficulty will be finally overcome by stronger radiations.

These results may justly take rank as an important discovery of very high scientific and practical value. To those who were not familiar with the developments of science in this particular direction, they were of such a nature as to stagger belief. For they were apparently produced by the direct transmission of rays of light through substances which had been regarded as entirely opaque. I say apparently so produced, because we will find upon a critical examination of the phenomena that such is really not the case.

The subject is of such intense interest, and its further possibilities in a practical, and especially a medico-surgical direction, so great, that a detailed analysis of the facts will be presented for the benefit of readers.

Every reader of this Magazine is probably quite familiar with the ordinary phenomena of the electric spark, as produced by an induction coil or statical machine. These sparks, as commonly seen, are formed in the air of a room under the usual conditions of atmospheric pressure. The phenomena of this electric spark would not differ in any way from that ordinarily seen, if it should be generated in a glass tube similar in every way to the Crookes tube, with the single exception that the air had not been more or less completely removed by means of an air pump. If now

this spark is repeatedly produced at the same time that the air is gradually exhausted, its appearance and physical construction undergo a radical change. It loses its normally sharp outline; and, by degrees, becomes converted into a pale tinted nebulous glow, which fills the tube. With still greater exhaustion it becomes striated; and later still the inner wall becomes covered with a beautiful fluorescence. It is at this point that the phenomena with which we are at present concerned take place. The so-called electric radiations, to which this fluorescence is due, projected from the surface of the negative electrode, which, it should be understood, rests upon the inner surface of the wall of the tube, having a wire connecting it with the electrical apparatus on the outside, the space around the wire as it passes through the glass wall being hermetically closed. At another point on the inner surface of the glass is set the positive electrode, similarly arranged; and between these two electrodes play the electric sparks produced at ordinary atmospheric pressure.

These electric rays, which are thrown from the negative electrode or cathode, are hence called "cathode rays." It was early discovered that glass, so transparent to rays of light, was entirely opaque to them, as was also mica and other transparent substances. It was Hertz who first discovered that, while the walls of the glass tube intercepted these electric rays completely, that certain metals were quite transparent to them; and Lenard succeeded by placing a metal "window" in the glass tube, in having these rays projected through it for some distance into the surrounding air, which is transparent to them as well as to the rays of the ordinary light.

If these rays (cathode rays) are thrown directly into the eye and made to impinge upon the retina no impression of light is perceived by the individual. But if they are thrown against a screen of any material which is itself susceptible of fluorescence, the phenomena of fluorescent light are produced. It thus seems probable that these cathodal rays are not light at all, but are only converted into light rays by impact against certain surfaces, simply as an additional phenomenon, as seems plausible to me,



in the long familiar fact of the transmutation of one form of vibratory motion into another. If proof is wanted that these cathodal rays are not either visible light rays, or invisible ones at either extremity of the spectroscopic picture, it is found in the fact that they are deflected from their course by magnetic influences, which has no measurable effect on light rays; and the further fact that they are not refracted from their direction by passing obliquely from one medium to another of different density—or if at all not in any degree comparable to light.

Whenever these cathodal rays strike a sensitized photographic plate, the latter is changed in the same manner as by very feeble light. How this is done is probably explained in the preceding paragraph. It is probably the conversion of the electric radiations into fluorescent light by impact against the sensitized plate. But whether this is the correct explanation or not does not matter in this connection. It is perfectly obvious that if any object which is opaque to these cathodal rays is interposed in their path, that the rays thus intercepted will fail to reach the plate, and that the changes with which we are familiar as the result of light will not take place in that part of the plate thus protected. Upon "development" those areas which are protected from these rays would be clearly distinguished from those which are not. It is thus that the Roentgen photographs are produced.

This is the proper place to remark, before going further, that Roentgen himself thinks that the rays with which his recently published results were obtained were really not cathode rays, but some modification of them. He therefore called them X-rays—presumably using X as it is used algebraically, to indicate their unknown nature.

It is also well to bear in mind the very important fact that there is no known reflection of X-rays, and that the photographs, or cathodographs as they are sometimes called, from X rays are produced altogether by direct impact of the rays upon the plate, without any deflection from the direction taken at their point of origin. They differ in this respect entirely from ordinary photographs, in which the light is received from the surface of the ob-

ject to be photographed by a process of reflection. X-ray photographs therefore are really nothing but shadowgraphs, and this is what they are sometimes called.

The transparency or opacity of different substances to these new rays is a matter which can of course only be settled experimentally. Astonishing differences are observed. The denser a medium is the more resistance it offers. But the transparency is not at all exactly proportional (inversely of course) to its density. Thus aluminum, which has about one-ninth the density of platinum, is two hundred times as transparent—an increase which is almost, but not exactly in geometric ratio. Wood and paper are exceedingly transparent to X-rays. They will readily pass through a volume of one thousand pages and produce their effect upon a photographic plate on the other side. Of course a coin or other opaque object placed in the centre of the book will *cast its shadow* on the plate, by intercepting all those rays which are projected against it.

In the application to surgical diagnosis the most definite results have thus far been obtained with shadowgraphs of the fingers and meta-carpus. The shadowgraphs of the hand which have fallen under my observation have indicated that the carpus was too thick for the intensity of the rays used. We may soon expect to see better results from the efforts now being put forth by the scientific world. It would seem at least possible that with sufficiently powerful apparatus these rays may ultimately be thrown through the trunk, with resulting shadowgraphs of the skeleton or other opaque substances contained in the chest or abdomen. But it does not seem probable that a photographic differentiation can be made between pathological and normal tissues in the more inaccessible portions of the trunk, assuming that the X-rays will ultimately be made to traverse the entire trunk, and produce impressions on sensitized plates beyond. It is, however, altogether too soon to dogmatize. In the meantime we may possess our souls in such patience as we can command and await the rapid march of events. The varying densities of the different tissues will undoubtedly cause them to cast lighter or denser shadows upon the photographic plate. These varications may



be turned to account to a greater extent than now appears feasible.

It is difficult to conceive how the process can ever be made to aid the most difficult chapter in diagnosis—that appertaining to brain disease. Enclosed as this organ is in a wall of osseous tissue—itsself the most opaque of all animal structures to X-rays—it seems inevitable that if these rays can ever be transmitted through the latter that the variable densities of brain tissues, neoplasms, etc., would fail to palpably intercept them.

Simple methods, and less expensive apparatus will certainly be among the early results of the feverish activity in this direction. It has already been demonstrated, I believe, that somewhat similar phenomena can be produced without even the vacuum tubes. We may expect that commercial enterprise will soon make these discoveries available in general practice, with a moderate outlay.

At the laboratory of the Fort Wayne Electric Corporation, and one or two other places in Fort Wayne, some experimental work has already been done.

In conclusion it may be said, that, while there are apparently certain limitations to its usefulness in diagnosis, it appears to be of so remarkable a character that it forms a fitting climax to a century already rich in diagnostic achievement. M.

---

#### THE BRADSHAW CASE—DR. LANPHEAR'S EXPLANATION.

In the January number of the *American Journal of Surgery and Gynecology*, Dr. Emory Lanphear has a letter explaining, in a manly straight-forward way, this most unfortunate case. The newspapers can certainly reap no lasting benefit from spreading such sensational and unjust stories as some of the St. Louis papers did in connection with this case.

Dr. Lanphear's explanation exonerates Dr. Thompson and himself fully. Those who knew Dr. Lanphear knew beforehand that he was not to blame either for lack of skill or judgement, and therefore for them no explanation was needed, but for those who

are not so fortunate as to know him, and in the hope that through the medical profession some at least of the laity, who may have been misled by the newspaper stories, may hear the truth of the matter we reproduce in part the doctor's letter:

"The recent sensational account of the death of Annie Bradshaw, at the Woman's Hospital of this city, demand a few words of explanation to members of the medical profession. To my friends I have nothing to say—they are already satisfied there was nothing wrong in the management of the case; to my enemies nothing, also—they would not change their adverse opinions; to the great body of doctors in the Mississippi Valley—this:

*"There was no mistake in the diagnosis!* An unmarried lady, denying to the hour of death any possibility of pregnancy; a rapidly growing abdominal *tumor with much ascites* of unknown origin; rapid and progressive emaciation; pronounced ill health; no signs of pregnancy marked—this was the condition. Repeated careful examinations failed to give satisfactory evidence of the character of the abdominal trouble. So, as death seemed impending, an *exploratory laparotomy* was made. As soon as the diagnosis of pregnancy was established the abdominal incision was quickly closed, in the hope that no trouble would follow. But labor came on—a foetus, dead sufficiently long that the skin slipped off in many places, was delivered, and fatal peritonitis finished the scene.

"Some person connected with the case gave the details to a reporter of a sensational, scandal-spreading paper, and the distorted, incorrect and damaging reports were repeated from day to day.

"In view of the fact that the newspapers were particularly bitter in their denunciations of Dr. Thompson, I wish to repeat here what I sought to establish at the inquest, that Dr. Thompson was not in the least responsible for the unfavorable ending of an unfortunate case; whatever 'blame' there is should be placed at my own door. But I believe that the unprejudiced physician will not regard any one connected with the case as guilty of any carelessness or ignorance, when the foregoing facts are considered.



"To the numerous friends, who, by telegrams and letters, assured me of their sympathy and support, I hereby return my sincere thanks." P.

---

### THE VALUE OF RECTAL INJECTIONS OF SALINE SOLUTIONS IN THE TREATMENT OF SHOCK.

In the treatment of shock following traumatism, whether intended or not, an estimate should always be made of the importance of the elements which have entered into its production. The treatment adopted should have some rationale, and should vary according as the shock has been due to an effect upon the nervous system pure and simple, or whether it is due mainly to the loss of blood, or whether a combination of both. Many operations and other traumata are accompanied by very little loss of blood and yet are followed by great shock. Again many operations are in themselves entirely inadequate causes of the shock which follows them and which seems to bear a direct relation to the amount of blood lost. In the treatment of this latter class of cases the injection of large quantities (often as much as a gallon) of hot saline solutions (1 per cent.) into the rectum and colon has given such good results that, while the remedy is not new, it deserves further commendation and adoption.

After large hemorrhages the volume of fluid in the arteries is much reduced in amount, the pulse becomes small, thready and rapid, and the indication is urgent to increase the volume of circulating fluid in the vessels. Large, hot rectal enemata are, under these circumstances, quickly absorbed and aid in bringing the patient out of the shock, not only by supplying heat, but also by filling up the arteries and giving the heart something to contract upon. That the empty condition of the arteries is one reason for the frightful rapidity of the pulse in the shock following operations accompanied by much hemorrhage was recently clearly proven in a case of Dr. M. F. Porter's. An enormous fibroid was removed with the unavoidable loss of considerable blood, followed by shock, during which the pulse became so small and rapid as to make it impossible to count it. A quart of 1 per

cent. saline solution at 105° F. was run into the median basilic vein and ten hours later a quantity estimated at two and one-half quarts was again injected. The pulse rallied immediately after each injection. It became full and comparatively strong and sank to 128 per minute. The same thing happens when the solution is thrown into the bowel, but it does not occur with the same rapidity.

In every case in which this measure has been employed by the writer, it has seemed to do so much toward combating this condition that he has come to place much reliance upon it not only in cases produced by hemorrhage but in all cases of shock where extreme heat is indicated. S.

---

#### NEED OF A CONTAGIOUS DISEASE HOSPITAL.

Every physician in this city can attest the truth of the statement that the need for a contagious disease hospital is felt here every few days. It is hard for a physician to understand why we are without one, but it is undoubtedly because the members of the city council do not fully realize the need of one. So that after all the fault lies more with the medical profession than with any one else. The matter was brought before the council on two occasions by a committee from the Allen County Medical Society, but at the same time this committee presented matters to the council of more pressing importance at the time, and this accounts, we think, for the fact that the hospital matter was for the time lost sight of.

In a former article we pointed out some of the reasons why Fort Wayne should have such a hospital and it is unnecessary to go over them again now. Suffice it to say that there are many good and sufficient reasons why one should be built and not a single reason why one should *not* be built. Every day that this building is delayed causes an unnecessary sacrifice of time, money and happiness, and many lives have been lost that might have been saved had we had such an institution. What is said here of Fort Wayne is equally applicable, we doubt not, to many



other cities which, like ours, is without a contagious disease hospital. P.

---

### THE KIMMEL MEDICAL BILL OF OHIO.

For years the enterprising and prosperous State of Ohio has been the roosting place of all the quacks, charlatans and impostors of the United States and Canada; and for years the medical profession of Ohio has been vigorously working to secure the passage of a law which would regulate the practice of medicine, at least to the extent of keeping out a part of the quacks who have infested the State. Several very good bills have been presented to the legislature, and promptly defeated through the influence of the public press—which feeds upon the quack and medical pretender—and a few moss-back representatives who would serve their State better by pounding paving stones than as a representative of the people in the State law factory.

The Musgrove Medical Bill met with defeat two years ago, but the Kimmel Medical Bill, which is virtually a copy of the Musgrove Bill, became a law February 19th, 1896, and the many physicians of Ohio who devoted their time, energies and money in the interest of this much-needed legislation, are to be congratulated upon their success. The bill as passed received the unanimous endorsement of the medical profession; all schools uniting in asking that the legislature act favorably upon it.

A synopsis of the law is as follows: The governor appoints seven medical men, constituting the "medical board," to serve one, two, three, four, five, six and seven years respectively, such board to be made up of men from the various schools in proportion to their numerical strength, but no one school to have a majority of the board. College graduates must present diploma, with his affidavit that he is lawfully possessed of same, and give age and time spent in study. If the board finds the diploma genuine, and from a legally chartered institute, *as determined by the board*, he shall be granted a certificate which must be filed with the probate judge. If a practitioner, not a graduate, furnish said

board an attested affidavit, stating period and places where he practiced, and such statement *is satisfactory to the board*, a certificate shall be granted. All other applicants for certificates, who are not legal practitioners under the laws, shall pass such examination as the board may require.

The Kimmel law also provides for the regulation of the practice of midwifery. All midwives must register with the probate judge of the county where they reside, giving age, education received, time of practice, etc. Midwives shall have no right to perform version, treat breach or face presentations, or use instruments. The bill provides for fees, penalties, revocation of license, etc.

What has been accomplished in Ohio can be accomplished in Indiana if the physicians of this great State, irrespective of class or creed, would unite and go shoulder to shoulder in advocacy of proper and efficient laws for the regulation of medical practice. The present law which governs medical practice is a disgrace to the statute books and is no better than no law. When a county clerk is the judge of a candidate's fitness for practice, and when a saloonkeeper, who has absolutely no medical knowledge, never saw the interior of a medical school or medical book, and who is about as illiterate as they make them, can obtain a license to practice medicine by getting two or three "old cronies" to swear that he has practiced the healing art for ten years, (an actual instance in the city of Fort Wayne) then it is high time to think of working up some such enthusiasm as has lately been displayed in Ohio, with a view of redeeming Indiana from the thralldom of quacks and medical pretenders. B.

---

#### A REVISED EDITION OF THE MEDICAL AND SURGICAL HISTORY OF THE WAR OF THE REBELLION.

The Vigo County Medical Society, through a committee of which Dr. Stephen J. Young was chairman, presented to the Indiana State Medical Society, at its last meeting, a resolution requesting the President of the State Society to appoint a com-



mittee to bring before Congress, in the proper manner, a request for a revised edition of the Medical and Surgical History of the War of the Rebellion. The President of the State Society appointed this committee, Dr. Young being the chairman.

Through its chairman this committee has presented the matter to the various county societies, asking them to appoint committees to wait upon the representatives in Congress from their respective districts, for the purpose of urging a republication of this most valuable history. So far as we know all the county societies have responded promptly and with energy. If we are to succeed in this matter, every State, county and district society in the union should take an active interest in the project. The committee will see to it that the American Medical Association and the various State societies are asked for their co-operation, and it only remains for each individual member of the profession to resolve himself into a committee of one to help the good work along.

We do not think there is a single member of the medical profession but that would like to have in his library this work. If this be true, all he has to do is to ask for it. A unanimous request will be granted. P.

---

#### **DR. HODGES' COMPLIMENTARY DINNER TO PROF. LUDVIG HEKTOEN, OF CHICAGO.**

Seldom has it been our good fortune to attend such an auspicious and pleasing function as that which had its birth in the mind of Dr. Fred Jenner Hodges, of Anderson, and which was inaugurated by him in honor of his friend, Dr. Ludvig Hektoen, Professor of Pathology in Rush Medical College, Chicago. The dinner was given in one of the parlors of the Hotel Dennison, Indianapolis, on the evening of February 22, plates being laid for fifty invited guests, all representative medical men from various sections of the state.

An agreeable half hour was spent in renewing old and forming new acquaintances previous to being summoned to the ban-

quet hall, where beautiful decorations, an elaborate menu, and entertaining speeches proved sufficiently interesting to demand the attention of the guests until after midnight.

Dr. Hektoen, in whose honor the dinner was given, is an indefatigable student, and to this characteristic is largely due his steady advancement in the line of professional attainments and honors. He impresses one as being a quiet but genial man, of keen observation and broad culture. To meet him once is but to foster a desire to meet him again.

Dr. Hodges is an admirable host, as his guests of the evening discovered, and, as was aptly stated at the banquet, he deserves great credit in carrying out such a pleasing function without even consulting our worthy and authoritative friend, the versatile editor of the Indiana Medical Journal, as to the time or fitness of such an entertainment.

---

#### RULES FOR DOSES.

Dr. Griffith gives the following as the best scheme known for ascertaining the dose for children. It obviates all guessing at weight, etc., so objectionable to other rules:

Adults.....	1
18 years.....	3-4
12 years.....	2-3
8 to 10 years.....	1-2
6 years.....	1-3
4 years.....	1-4
3 years.....	1-5
2 years.....	1-7
1 year.....	1-10
9 months.....	1-15
6 months.....	1-20
3 months.....	1-30

---

Antitoxin is now exempt from duty. The Board of United States General Appraisers at New York have decided that it is vaccine virus and entitled to exemption under paragraph 664, act of August 28, 1894.



## MEDICAL REVIEWS.

---

### DEPARTMENT OF MEDICINE, THERAPEUTICS, NERVOUS AND MENTAL DISEASES.

---

IN CHARGE OF G. W. McCASKEY, A. M., M. D.

Professor of Nervous and Mental Diseases and Clinical Medicine in the Fort Wayne College of Medicine.

**BRIGHT'S DISEASE AND INSANITY.**—Attention is being directed to the influences of organic renal disease upon brain function. There are two ways, at least, by which the relation can be explained. First, as the result of toxaemic conditions incident to Bright's disease, brain function, and finally even brain structure may suffer. The important role which various toxins circulating in the blood play in the production of nervous diseases—including insanity—is receiving fuller recognition from year to year. The more this subject is looked into, the more important it becomes in its practical bearing on the study of nervous diseases.

On the other hand it should be kept in mind that Bright's disease is not a local lesion, and that the structure of the brain may suffer as a part of the degenerative process widely distributed through the body, but most strikingly manifested in the kidney, because of their importance as eliminative organs. The acute delirious attacks of Bright's disease are familiar to every clinician. The difference between these and the true insanities occurring as complications of Bright's disease is simply one of duration—and it should perhaps be added, of intensity. The acute intoxications is more active and violent. But all that is necessary to constitute an insanity out of it is to make it persistent.

With neurotic family or personal histories the possibility of insanity occurring as a result of Bright's disease should be kept constantly in view; as should also the possible existence of an undiscovered kidney lesion in cases of mental disorder.

M.

---

**AN OCTOGENARIAN EPILEPTIC.**—Dr. Frederick Peterson (*Journal of Nervous and Mental Diseases*) reports an interesting case of epilepsy developing at the age of eighty years. His father died of neurasthenia, and a daughter of epilepsy. No history of traumatism. There were altogether forty-four epileptic convulsions of which he had positive knowledge;

although as the nocturnal form [prevailed he may have had many more. He died at the age of eighty-seven from the effect of a traumatism.

---

## DEPARTMENT OF SURGERY AND GYNÆCOLOGY.

---

IN CHARGE OF MILES F. PORTER, A. M., M. D.

Prof. of Surgery and Gynæcology in the Fort Wayne College of Medicine.

ASSISTED BY

FRED J. HODGES, B. S., M. D.

Prof. of Genito-Urinary Surgery in the Fort Wayne College of Medicine.

**CEREBRAL CONCUSSION.**—Dr. S. P. Kramer, of Cincinnati, concludes a paper on a Theory of Cerebral Concussion (*Annals of Surgery*) as follows: "A blow to the head produces a momentary increase of intracranial tension and consequent compression of the brain as a whole.

The effect of this compression would be to cause an interference with the blood-supply to the entire brain, and this is sufficient to account for the primary symptoms of cerebral concussion. The so-called syncopic death after severe concussion is produced by aparalysis of the respiratory centres, the cardiac centres remaining intact. This fatal result may in many cases be prevented by prompt institution of artificial respiration.

---

**RUPTURE OF THE UTERUS WITH RECOVERY.**—Queisner (*Centrabl fur Gynakologie*) reports (*Medical News, Abstract*) a case of rupture of the uterus in a woman thirty-eight years old, which terminated in recovery. Symptoms of collapse and sudden cessation of the pains led to an examination which revealed the fact that the uterus was ruptured and that the child had escaped into the peritoneal cavity save one foot which still protruded into the uterus through the rent. The foetus was drawn into the uterus by the foot and delivered. Ether was injected for the shock. The woman was up on the fourteenth day and made a good recovery. The rupture was attributed to the lifting of a heavy weight before labor commenced.

---

**TREATMENT OF SURGICAL TUBERCULOSIS BY IODOFORM INJECTION.**—The value of this method of treatment of surgical tuberculosis which, in this country, Senn has done so much to popularize, is again made evident by the results of Wieland in the Children's Hospital at Basle. (Quoted by *Therapeutic Gazette, February, 1896.*)

During five years there were treated twenty-one cases of cold abscess, of which sixteen were definitely healed, four were improved and one showed no improvement. Of twelve cases of joint tuberculosis, nine were cured and



three improved. Of twenty-eight cases of surgical tuberculosis treated by incision and curetting and subsequently by iodoform injections, twenty-five were cured, two improved and one died.

The functional results compared very favorably with those gained from much more radical procedures.

Wieland prefers a 10 per cent. emulsion of iodoform in glycerin, both of the ingredients of course being thoroughly sterile.

The disadvantage of this method of treatment lies in the length of time required for treatment, many of the cases lasting for years, H.

## DEPARTMENT OF OBSTETRICS AND PAEDIATRICS,

IN CHARGE OF B. VAN SWERINGEN, M. D.

Professor of Theory and Practice of Medicine in the Fort Wayne College of Medicine.

REPORT OF A FATAL CASE OF SUBMAMMARY ABSCESS.—Dr. Richard C. Norris, (in the *American Journal of Obstetrics*, February, 1896) reports a case in which death took place as a result of a septic pneumonia originating from a submammary abscess. He also calls attention to the difficulty which is generally presented in making a diagnosis of this condition. His patient possessed only a very high fever (105°) and deep-seated pain under the right breast as symptoms upon which to make a diagnosis. An incision into the painful area evacuated a coffee-cupful of pus and the abscess cavity extended under the pectoral muscles to the chest walls.

A CASE OF SEXTUPLETS.—Dr. Vassoli, in the *British Gynaecological Journal*, reports the birth of six children at one birth. The patient who was thirty-six years old, grew anaemic and weak in the early months of her pregnancy, and complained of chilly feelings. She did not feel motion. In the fourth month the abdomen was as large as that of a normal pregnancy at term, and the woman daily expected a confinement. On the 115th day of gestation the membranes ruptured while straining at stool, and a foot prolapsed. Before this she had experienced no pain. A fetus was delivered. The next morning pains began, with chills, flowing, rise of temperature and vomiting, and it was decided to terminate her pregnancy. The membranes were ruptured, a foot brought down and a second fetus delivered. A third bag of membranes presented, and a third fetus was delivered, and so on until the fifth. The process lasted two hours, when an endeavor was made to hasten what was thought to be a third stage of labor, but the attempt to re-

move the placenta revealed a sixth amniotic sac and foetus. All the fetuses were born alive and moved vigorously. The sexual organs were differentiated, four being males and two females.—*American Medical Review, January, 1896.*

---

## DEPARTMENT OF OPHTHALMOLOGY, OTOTOLOGY, LARYNGOLOGY AND RHINOLOGY.

IN CHARGE OF ALBERT E. BULSON, JR., B. S., M. D.

Professor of Laryngology and Rhinology in the Fort Wayne College of Medicine, Fort Wayne Indiana.

WHAT SHALL A GENERAL PRACTITIONER DO FOR AN ACUTE OTITIS?—Dr. Dench, in the *Archives of Paediatrics*, says that if a patient suffering from inflammation either of the external auditory meatus or the middle ear is seen in the early stages of the attack the physician should attempt to abort the inflammation as well as to relieve the symptoms. He vigorously condemns the old practice of dropping warm sweet oil, or the mixture of sweet oil and laudanum, into the external auditory canal for the relief of "ear ache" and says such a practice is a relic of barbarism which deserves no place in modern medicine. As abortive treatment local abstraction of blood by wet cupping or the use of natural leeches is recommended. The wet cupping or leeches should be applied immediately in front of the tragus, and from one-half to one and one-half ounces of blood may be withdrawn. The patient should be kept in bed and a free catharsis instituted. It is frequently wise to follow the abstraction of blood by the administration of an opiate sufficiently powerful to quiet the patient for five or six hours. In all cases heat is a most valuable remedy for the further relief of pain; dry heat being preferable. A convenient method of applying dry heat is found in the use of small hot salt bags, which may be introduced into the meatus; heat being applied externally by means of the hot water bag or other devices. These salt bags are conveniently made by cutting off the finger tips of a small kid glove, filling the tips with salt and placing them upon a hot plate until they are completely heated, after which they are placed just within the meatus. The author does not favor the use of moist heat in any form during the early stages of an acute otitis, because of the fact that by its use the tissues are softened and disintegration encouraged. If the inflammation is not aborted and discharge makes its appearance, frequent irrigation of the external meatus by means of a weak antiseptic solution (bichloride of mercury, 1-5000) or of boracic acid is the best measure of combatting the inflammatory process and for preventing its extension to the neighboring parts. It is unwise to



stop the meatus with cotton or to keep the ear covered, as in this way local infection of the canal is liable to occur, causing circumscribed or diffuse inflammation. Under no condition should any attempt be made to diminish the quantity of discharge until the temperature becomes normal and all pain has disappeared. In the majority of cases careful cleansing is the only treatment required, the discharge ceasing spontaneously. Astringents are not recommended and in cases where the discharge persists the author simply advises the use of a solution of boric acid in alcohol as an instillation after syringing. The objection to solutions of sulphate of zinc and other kindred instillations is that they form a splendid nidus for vegetable parasites.

---

**TREATMENT OF NASAL DUCT OBSTRUCTION.**—Dr. Casey A. Wood, in a letter to the *Journal of the American Medical Association*, makes a few very pointed remarks regarding the prognosis and treatment of stricture of the nasal lachrymal duct. As is well known, the treatment of lachrymal stricture as practiced by the average ophthalmic surgeon, accomplishes very little toward relieving lachrymation and other annoying symptoms. It is a well established fact that effective treatment requires frequent use of a large probe faithfully for months and even years of time. "Cutting through the stricture, combined with the irregular or occasional use of a small probe not only accomplishes nothing but such a procedure makes the latter state of the patient worse than the first and discourages him from undergoing further treatment. He wanders over the country deriding ophthalmology in general and his late oculist in particular." As patients undergoing treatment of lachrymal strictures soon tire of going to one's office frequently for months, even at increasing intervals, Dr. Wood suggests that they be taught to do their own probing and that they thoroughly understand that their ultimate cure lies entirely in their own hands. Two or three weeks after the preliminary operation the patient may be dismissed, having in the meantime been taught how and when to probe his own duct. If all ophthalmologists would pursue this plan in the management of this class of cases we would see fewer people who have undergone the usual treatment for lacrymal stricture and receiving no benefit therefrom are loudly condemning any remedial measures recommended for their relief.

---

Chronic nasal catarrh, when there is a dripping back into the throat, finds a ready cure in hydrastis, triturated with one per cent, sugar of milk, four doses a day.

## BOOK REVIEWS.

---

DR. KING'S MEDICAL PRESCRIPTIONS, containing the favorite formulas of the most eminent medical authorities, collected from their published writings. By John H. King, M. D. Second Edition. New York. Bailey & Fairchild.

The title of this book is descriptive of the work. Contained in the 346 pages are prescriptions for nearly every ill that flesh is heir to, the author taking special pains to avoid technical phraseology and to express in plain language the methods and measures recommended for the amelioration or cure of the diseases considered. To all intents and purposes the work is intended for the general public, and containing as it does many valuable and deservedly popular formulae the book may prove of interest and value to the laymen into whose hands it will undoubtedly fall. The busy practitioner too may find the work valuable as reference, and in combining remedies to suit the conditions presented in various cases "Dr. King's" prescriptions may materially aid in readily formulating a plan of treatment.

---

### MALNUTRITION=WASTING DISEASES=TUBERCULOSIS.

- When the digestive and assimilative powers are impaired, raw cod liver oil is digested with difficulty—
- Emulsions contain a large percentage of INERT matter—
- “Maltine with Cod Liver Oil” contains no inert matter WHATEVER being composed of 30 per cent. of pure oil and 70 per cent. of Maltine WHICH IS RICH IN DIASTATE—
- “Maltine with Cod Liver Oil” is palatable, digestible, and possesses all the virtues of the best Norwegian Oil, in combination with a concentrated predigested food, which digests starch and produces fat.—



ALWAYS THE SAME.  
A STANDARD OF ANTISEPTIC WORTH.

---

# LISTERINE.

---

**LISTERINE** is to make and maintain surgical cleanliness in the antiseptic and prophylactic treatment and care of all parts of the human body.

**LISTERINE** is of accurately determined and uniform antiseptic power, and of positive originality.

**LISTERINE** is kept in stock by all worthy pharmacists everywhere.

**LISTERINE** is taken as the standard of antiseptic preparations: The imitators all say, "It is something like Listerine."

---

## LAMBERT'S LITHIATED HYDRANGEA.

---

*A Valuable Renal Alterative and Anti-Lithic agent of Marked service in the treatment of Cystitis, Gout, Rheumatism, and diseases of the Uric Diathesis generally.*

---

DESCRIPTIVE LITERATURE  
UPON APPLICATION. 

LAMBERT PHARMACAL CO., St. Louis.

# FORT WAYNE MEDICAL MAGAZINE.

---

VOL. IV.

APRIL, 1896.

NO. 4.

---

## ORIGINAL ARTICLES.

No paper published or to be published elsewhere as original will be accepted in this department.

---

### *SOME OF THE BRAIN DISORDERS OF CHILDREN.\**

By G. W. McCASKEY, A. M., M. D.

Professor of Nervous and Mental Diseases and Clinical Medicine in the Fort Wayne College of Medicine, Fort Wayne, Ind.; Secretary of the Upper Maumee Valley Medical Association.

When your Secretary honored me by an invitation to discuss before you some subject connected with my special line of study and investigation; he also favored me with the suggestion that the topic which forms the subject of this essay would be of especial interest, and I have acted upon the suggestion.

At birth and during the early years of extra-uterine development the very active physiological processes of the brain, in common with other organs renders it especially vulnerable to certain pathological influences. Moreover the yielding character of its encasement, made necessary by the exigencies of its transit through the pelvic canal, makes it peculiarly liable to injury either at or after birth by forces which in the completely ossified cranium would be borne with impunity.

\*Read by invitation before the Noble County (Ind.) Medical Society, January 1896.



Within certain limits this is perhaps conservative. It is possible that the compliant bending, and elastic rebound of the infantile skull may break the force of its bumps and lessen the amount of concussion. But if this be true, it is equally certain on the other hand that the result of excessive violence must be correspondingly more disastrous.

It is important, but often exceedingly difficult, to make a clear differentiation between brain symptoms of remote disease, and anatomical lesions of the brain itself. In fact cases which begin in the former class may end in the latter. To illustrate, we may have in a case of entero-colitis severe brain symptoms depending upon systematic irritation of the brain on the one hand, and ptomaine poisoning from the products of intestinal putrefaction on the other. These symptoms may be sufficiently alarming in themselves. But passive congestion and cerebral oedema may follow in their wake through a similar mechanism perhaps to that which obtains in scarlet fever or pneumonia, and we have a grave anatomical lesion superadded to the symptomatic disturbances already existing.

Eighty per cent. of the convulsions of children, which must of course be regarded as manifestations of brain disorder, are said to be due to this or some other form of gastro-intestinal disease. In these convulsive seizures therefore we are confronted by two important diagnostic problems. First, are the symptoms due to digestive disorder, and second if so have the latter indirectly produced anatomical lesions of the brain. If the first question is answered in the affirmative, time may be required to answer the second. If the brain symptoms do not improve *parri passu* with the improvement of the digestive disorders, then there is ground for apprehension that the second result has obtained.

It might be well to remark here that the remaining twenty per cent. are traceable to acute fevers, toxaemias, cutaneous irritations, rickets cerebral congestions, and possibly anaemia; to which of course must be added the grosser lesions of the brain. To the latter let us now direct our attention.

I have already referred to the cerebral traumas occurring at birth, and shortly thereafter. To these must be attributed a very

large number of the cases of infantile paralysis in its various types. When the remarkable enlargement of the occipito-mental diameter of the new born head, even in a well formed pelvis of a fair proportional size is taken into consideration, it is scarcely to be considered a matter of surprise that severe traumatism should occur. When we further consider those cases of phenomenally rapid, and forceful delivery, in which the rapid compression and extrusion of the head does not allow time for the gradual adjustment of the cerebral tissues and circulation to the changing conditions; the cases in which the pelvis is relatively too small or deformed; and those cases further in which the head is subjected to lateral or undetermined pressure by forceps accurately or blunderingly applied, we find a ready and rational explanation of the too frequent occurrence of these results. They are unfortunately, not so very rare; and they are, still more unfortunately, commonly unrecognized, until they fall under the observation of the neurologist months or years afterwards when they are the victims of porencephalus or other forms of cerebral agenesis, imbecility, idiocy, or permanent paralysis, with contractures and resulting deformity. While in many cases these disastrous results are not preventable, there is ground for the conviction that in many cases relief could be obtained if the diagnosis could be made sufficiently early.

There are at least two conditions which are amenable to surgical treatment:—viz. depression of the cranium by forceps or prolonged impact against the pelvic wall, when spontaneous restitution does not take place, and meningeal hemorrhage. The responsibility therefore of making an early and accurate diagnosis is very grave. Of course it is simple enough in depression, which should be systematically sought for. In the case of meningeal hemorrhage the difficulties in the way of making a localizing diagnosis are confessedly great, but they are not always insuperable; and I wish to enter as earnest a plea as possible for the thorough neurological study of these cases.

The gravity of the situation should at least be recognized. The physician can no longer lay the flattering unction to his soul that diagnosis is relatively unimportant when treatment is im



possible, for it no longer applies to these cases. The infant should be pictured as an adult member of society, and we should reflect that whether it shall become a productive or dependent member of society, may depend upon whether it receives the benefits that medical science and art can afford. We know that these little patients may survive, even with extensive lesions. I recently studied the case of a patient some fourteen years old, in which an early lesion had involved the cortex of the occipital, parietal, and frontal lobes on one side, and yet there was, with the exception of the resulting hemiplegia and contractures, very good physical, and a surprising degree of mental development, although the latter was of course defective.

Cerebral abscess is another disease, the recognition of which has become more important with the measures of treatment now at our command. These are of course surgical in character. It is said that abscess of the brain is rare under one year of age. During the age technically known as childhood it is more common. It may be taken as axiom of pathology that it is never a primary disease, although in rare cases the focus of infection may be so remote as to escape detection without a very elaborate dissection, such as can seldom be made outside the walls of some public institution. Whenever a child is old enough to have a focus of suppuration anywhere, even in the extremities, abdomen of thoracic cavities, and especially in the ears and mastoid cells it is not too young to have brain abscess. When therefore severe brain symptoms arise during the progress of suppurative process near to or remote from the brain, the presumption is in favor of brain abscess. Of course whether it actually exists or not is a question that can only be settled if capable of solution by a painstaking, and scientific study of the individual case. Having decided that it is present the only hope of successfully carrying out remedial measures, and favorably modifying an absolutely fatal prognosis, lies in a correct localizing diagnosis. To discuss this subject here would be to introduce the entire scheme of cerebral localization which is, of course, beyond the limits of this paper. It must suffice to remark that here, as in meningeal hemorrhage, while the difficulties are great they are not in all cases

insuperable. In cases of ear and mastoid disease it is practically always the temporal lobe or cerebellum that is involved. There should be no hesitation in such cases in opening the cranium, and making an attempt at relieving the patient.

In this connection it should be born in mind that, in addition to the focal septic process which give rise to the abscesses we may have a more diffused, and rapid inflammatory process, probably dependant upon toxines, and producing acute softening of the brain tissue.

Another brain disease resulting from septic processes traveling along the venous channels of the skull is phlebitis sinuum.

This infection is most likely to occur through the venous channels of the orbit. Several cases were reported by myself in the *Philadelphia Medical News* a few years ago, in connection with which I pointed out the diagnostic points in this particular variety, viz.: Exophthalmos, conjunctival injection, fulness of external orbital veins, and paralysis of certain cranial nerves, especially the third, fourth, sixth and seventh.

A summary of this article is published in the annual of the *Universal Medical Sciences* for 1894.

The prognosis is almost absolutely fatal, although attempts at surgical intervention, which offers the only hope of relief, have already been made with results which show that if diagnosis can be made early there is a reasonable hope of success in properly selected cases, in which the lesion occurs in accessible sinuses.

Thrombosis, embolism, and central hemorrhages occur in children as in adults.

Leptomennigitis, especially the tubercular variety, of basilar location is not rare. It is perhaps uniformly fatal, or if partial recovery takes place, is apt to recur with fatal issue.

In the progress of infectious fevers the differential diagnosis must often be made between the brain symptoms of the primary disease, and a complicating meningitis. The basilar variety may occur as a sequel, as in a case which I recently saw with Dr. Williamson, of Findlay, Ohio, following scarlet fever. The



clinical picture was typically that of tubercular basilar meningitis, and yet it appeared to be induced by the scarlatinal virus.

In concluding this desultory discussion of some of the brain disorders of children the variation of the blood volume must be briefly referred to. These are no doubt important, and yet their importance has been somewhat overestimated. The fact is that the volume does not change so much as the tension. The volume would change enormously were it not for certain well understood physical facts and laws, because of which the variations must be slight and slow. But they do occur within certain limits, and the result of vaso motor paresis or spasm are by so much the more hazardous here, as the tissues are more important and delicate than elsewhere.

The variations of pupillary reactions and tonicity and the variations of intra-cranial pressure as manifested through fontanelles, etc., must be our principal guides. Anto-intoxications, however, probably stand in much more frequent relations to moderately severe brain symptoms often classed under the cognomen of brain congestion than do the circulatory functions themselves. The distinction is vitally important because the treatment is totally different, in many respects. I would suggest that in all cases of brain symptoms of obscure origin or nature, that the first step should be a thorough sweeping out, and an attempt at disinfection of the intestinal tract. That high temperatures, which, however, are usually only important when persistent, should be controlled by hydrotherapeutics, cautiously aided by the coal tar derivatives. If, when these two indications have been met, the brain symptoms persist, there cause should be sought for among some of the conditions to which reference has already been made. And, furthermore, it should be fully recognized that it is the clear duty of the physician to see to it that proper regard is paid to the absolute right which these little patients inherit to receive, so far as circumstances will permit, the scientific study and therapeutic resources, which a progressive science and culminating art renders possible. Handicapped by a confused pathology, and false

notions of our impotence in dealing with such conditions this desideratum has not hitherto been realized.

No. 107 West Main Street.

---

*WHAT CAN THE GENERAL PRACTITIONER DO IN  
INJURIES TO THE INTESTINAL TRACT.\**

BY GEO. R. GREEN, M. D.

Muncie, Ind.

It is no part of my purpose to cover the entire field of abdominal operations nor to in any sense describe in detail its technique. These are taught in every school and fully described in every book on modern surgery.

Any general practitioner may at *any* time be called to a case of injury to the abdomen involving the integrity of some part of the intestinal canal and is at once brought face to face with the question, "What can I do?" and the life of his patient depends upon the answer and his decision. There is no time to send possibly for miles and wait several hours for *skilled* help. The patient's life depends upon the promptness with which *you* render assistance. *You alone must decide.*

There are two courses open for you. One is to cleanse the external wound and seal it up; give the patient an opiate and, let him die. This is the easy course to pursue and one you may be tempted to follow. You may tell the friends there is no hope and that this is all that can be done, and they may never know any better, but *you* will very well know that you have not done *all possible* to save this unfortunate one. Dismiss this as being unworthy your calling, for I pity the Medical College of to day that will graduate a student who will know no better than this.

The second course to follow is to make an effort to find and repair the intestinal injury. Our leaders in surgery have been

\*Author's abstract of address before the Upper Maumee Valley Medical Association at Fort Wayne, Ind., Feb. 18, 1896.



busy with plans to render these operations simple, or at least to simplify them so that you and I can *and will* at least make an effort to do them. And of these methods I want to speak of three that I think specially worthy and within the reach of our skill. One, the Murphy button, easily applied. If the intestine is so much injured that a few Lembert sutures will not close it, make a section of the intestine, removing the injured portion by a V shaped cut six inches back from the cut or injury. Tie the intestine with a sterilized tape, or better, hold it with long crossed spring forceps with the jaws protected by rubber tubing slipped over them to hold back the intestinal contents. Run a draw string around the cut end, slip in one end of the button, draw the string tight and tie it. Repeat the process with the other end and the remaining end of the button, clamp the two together firmly, wash out the abdomen with sterilized water, close the abdominal wound and the operation is done.

To me this button has two objections. One, the lumen of the button is too small, and fatal intestinal obstruction may take place by the mechanical closure by fecal accumulation, or the button may fail to be expelled and serious results *may* follow.

The second procedure is by use of the Bailey bone tube, which might be likened to a decalcified bone box three or four inches long with the ends removed. The method of use is much the same as the button except that after being co-apted the intestine is folded in and brought together *over* the draw string and held in position by carefully applied Lembert sutures, thus insuring the integrity of the parts. The intention of the originator of the bone appliances for this work is that they will absorb in situ and no fear may be felt if they fail to be expelled. However, there is *one* danger. Occlusion *may* occur, and in case it does, the absorption is so slow that a fatal result may follow.

The third is the Dawbarn vegetable plate, made from potato, turnip, carrot, beet, &c., easily had, easily made, easily applied. Take two pieces of potato  $\frac{3}{8}$  of an inch thick, 1 inch wide, and 3 to 5 inches long, cut out of the center of a large potato. Round off the ends, cut out the center to leave a fenestra of  $2\frac{1}{2}$  to 4 inches long. With short needles pass three or four cat gut liga-

tures through the sides of these rings, having a small piece of rubber or something like it to keep the ligatures from cutting through the rings. Leave the needles on the ligatures and sink them eye first back into the potatoes near the ligature leaving the points exposed. Slip one of these into the cut end of the gut, press down on the needles (slipping something under the plate to press against). Press the points through the wall, pull the needles through and you have one plate in position. Repeat this with the other plate, taking care to send the needles through to meet in position the ligatures from the other plate. Lay the plates one upon the other and tie the ligatures firmly. Now fold the edges over and go all round the plates with Lembert sutures, having first slightly scraped with a scalpel or brushed with a stiff brush the serous surfaces that you desire to hold together with these little Lembert sutures. With a curved bistoury passed in at one of the open ends of the intestines you cut through the walls by passing the knife through the fenestra in the potato ring, then holding the cut ends closed, and leaving the ligatures or clamps in position, you with your irrigator throw in water enough to try the integrity of your stitches; if they leak put in more and be sure you leave no leak. Making sure of this you then fold in the *cut* ends of the intestine, stitch with the same suture (which is only a suture that penetrates the serous and muscular coats without passing through the mucus coat) and here again be sure of your work. Flush out the bowel, close the wound and your patient will at least have a chance to get well.

The advantages of this plate is it is easy to make and the material is always at hand.

By abrading the serous coat before approximating they will adhere safely in four hours. Cat gut ligatures will hold firmly for seven hours and in twelve hours the vegetable plates have been digested by the action of the intestinal juices and there is no danger of obstruction.



*MALARIA AND ITS SEQUELLAE.\**

BY J. H. OMO, M. D.

Harlan, Ind.

Thirty years ago Malaria and its sequellae prevailed extensively along the course of the St. Joe and Maumee rivers. It was recognized in the intermittent, remittent, and continued form of fever, accompanied by a cold, hot, and sweating stage, followed by a period of apyrexia, changing in time, and intensity, according to the type of fever. A quotidian intermittent occurred daily, a tertian every other day and a quartan every third day. Besides these we met with other very strange types, such as a double tertian and a double quartan, seemingly in proportion, as the blood was charged with malarial poison. The great antidote for these expressions of malarial manifestations was the alkaloids of peruvian bark, and among these the sulphate of quinia seemed to be the most universally administered by the doctors, as the success attending its administration justified its universal practicability, and undoubted success, during the malarial season.

The word malaria was first supposed to mean only miasm, or bad air, or air contaminated with noxious gasses which arose from low swampy lands or marshes. The Roman swamps and marshes in Italy were one of the first places pointed to by written history where this malarial epidemic arrested the attention of the medical profession. The medical practitioner soon found, by experience, that with, or in this bad air, was mixed a subtle poison that caused the severity and types of the malarial manifestations.

Various theories have been advanced as to the origin of malarial poison, and its effect upon the human organization. Dr. C. W. McLean affirms that it is the product of organic decomposition in soils, whatever may happen to be their mineral composition, and water and a high temperature were indispensable to the process. This would point to the low swampy lands or

\*Author's abstract of a paper read before the Upper Maumee Valley Medical Association, at Fort Wayne, Indiana, Feb. 18, 1896.

marshes as to its origin; but on Hong Kong island, composed of decaying and weather beaten rocks of granite, the workmen engaged in excavating rock for building purposes were afflicted with serious intermittents, with very fatal consequences.

Dr. Watson, an old popular author, informs us that in his day the medical profession thought the malarial poison entered the blood through the air and water and caused a fermentation in the blood, and quinine was the antidote neutralizing its insidious and devastating work in the blood of the body. Dr. Cyrus Edson declares that in 1881 Alphonso Leveran, a French physician, discovered in the blood of persons suffering from malarial poison, a microscopic organism which is never found in the blood of persons in health. The parasites discovered by Leveran are chiefly found in the red corpuscles of the blood, where they may be seen as minute round bodies. This plasmodium appears within the corpuscles, eating them up so to speak, and the specks already referred to, being broken up into pieces, destroy parts of the red corpuscle and divide into several new plasmodia. When this segmentation is completed the blood corpuscle, which now contains four to six new plasmodia, begins to lose its characteristics, until it thoroughly disappears or is destroyed by the parasite. The plasmodia thus set free in the blood serum, floats with the blood current until each finds a lodgment in a new corpuscle, when it commences a new cycle of existence. The time occupied by the various phases of development of the plasmodia determines the periods of the disease, such as the second, third, and fourth day intermittents.

Professor Klebs and Tomasso Credulli have also discovered a bacillus of malaria in the blood of persons suffering from malarial fevers, or miasmatic epidemics, but they are different in characteristics to those discovered by the French physician. The germ theory seems to be a settled problem in the minds of our medical authors, and in comparison with the germ theory of other diseases originating from specific poisons outside of the body, looks very plausible to the mind of the investigating student; but when we meet with



so many radical changes of this disease, in its symptoms, during a decade of years, and yet find it lingering in the same locality after the swamps have been drained and the soil successfully cultivated, and it ceases to produce but few of its primitive developments, it looks as though the bacilli of to-day were not the microbes of the same disease twenty years ago, or else they have changed their nature and instinct.

To-day there is a complete change in many respects in regard to the effect of the malarial poison upon the human organization. Chills and ague of former malarial expressions have almost entirely vanished from the vocabulary of symptoms, and the run of fever is more in imitation to the typhoid and enteric fevers, lasting longer and proving more fatal to the glandular structure of the bowels, and quinine is not so well suited or adapted to a successful treatment as in former epidemics. If we admit that malarial disease now originates from malarial bacilli, we must admit its rightful claim thirty years ago, and as we cannot explain the radical changes of the disease during the last thirty years we have nothing left but the speculative theory of the microbe, without any practical utility or improvement upon which we may build a successful method of future practice. We claim that we are more intelligent and can better adapt ourselves to the march of our scientific age, but can we more satisfactorily answer that we are more successful in treating malarial fevers now than we were 30 years ago? This is the crucial question of the hour.

During our experience in treating miasmatic fevers we early learned that the poison, in its contact with the human system, impressed it so deeply and thoroughly with its antiperiodic tendencies that all other diseases preying upon the human organization took upon themselves an anti-periodic form; that we were compelled to meet it with the administration of quinine with which we were highly complemented in the success we attained. From which we may conclude that malarial germs, and other germs not malarial, may exist at one and the same time in the human organization, in controlling specific manifestations of a pathological condition of the system, and to have malarial bacilli, typhoid microbes, enteric germs, and catarrhal parasites, at one

and the same time, laying waste the vital tissues of man's being, seems very improbable to human reason, and not very eligible to common sense.

Granting that the germ theory has been fully established, and admitting that the malarial bacillus develops miasmatic fever, we still are not able to explain why we have an intermittent, instead of a remittent fever, and a tertian instead of a quartan fever. We find no diurnal change in the human system to account for these varied forms of fever, neither can we account for the anti-periodic return of it, and the exact measured time between the paroxysms. The malarial germs must have a peculiar affinity for some systems and a dislike for others, as all persons in the same community near miasmatic influence are not influenced by said germs, although they breathe the same air, drink the same water, and eat the same food. If the blood is good soil for the multiplication of the malarial parasite, and an average amount of heat is necessary during the hot days in summer to start them upon their aggressive campaign of destruction, why should not the blood soil produce them during any of the months of the year?

The germ theory may be an onward march, and an aggressive exponent in the practical analysis and critical investigation of malarial disease, and it may in the future lend a helpful hand in our repeated efforts to conquer and exterminate disease in the human organization, but our medical philosophy and scientific practice must be built upon experiments of the past, and often verified, to make us successful and a beacon light in the march of our medical educational system.

Granting the fact of the germ theory as the origin of all specific poisons, as relating to the disease of the human system, we are almost afraid to venture out doors to breathe the life giving element necessary to sustain the vital forces of our living organization. We must have air to breathe and should be surcharged with death as well; we must have water to quench our thirst, and it is indispensable to maintain living organizations, and why should it contain parasites that the human organization cannot conserve for its welfare, or why should food be rampant and reak-



ing with germs to slay the young and old alike? Are these the benevolent purposes of an infinite and intelligent mind, to torture and yet to please, to ask bread and receive a scorpion, to possess life and find it attractive food for all kinds of parasites?

When the French physician discovered this plasmodian of malarial fever in the red corpuscles of the blood and its serum, he also discovered that the phagocytes or the white corpuscles of the blood were their deadly enemy. They would surround them, and surround them on all sides, as intruders, and not only fight them to the finish but actually digest them. Thus whilst discovering the enemies of our well being, he also brought to light the economy of infinite wisdom in the proper use of means by which life may be maintained and nature's chemical and physical laboratory are supplied with remedies to give a well balanced activity to the life powers of individual being, health and enjoyment to living organizations.

Why should we have so much disturbance in the glandular structure of the bowels in typho-malarial fever of the present time, and why should it prove fatal with but very little warning in the physical symptoms of the suffering patient? Has the malarial germ left the blood and gone to the glandular structure of the bowels for a more congenial soil? If the discovery of the destructive activity of the white corpuscles is as true as the discovery of the presence of the plasmodia in the blood, then the flight of the parasites is the blood serum, and not in the glandular structure of the bowels. Hence we may conclude that we have yet no firmer foundation in the speculative theories of the present time than our personal experience of the past, and should not build up our corn cob houses as we did in our boyhood days to have them knocked down by the next new discovery in the chemical laboratory, but cast our perspective of the future, by a careful analysis of the past experience, in the present time, and we all may have no doubt in our own minds, of our benevolent intentions, and benefactoring care for suffering humanity.

## SOCIETY PROCEEDINGS.

---

### UPPER MAUMEE VALLEY MEDICAL ASSOCIATION.

(CONTINUED FROM MARCH NUMBER.)

Dr. George R. Green, of Muncie, next presented, in lieu of a paper, a few remarks on the subject, "What Can the General Practitioner do in Injury to the Intestinal Tract." (An abstract of these remarks appears on another page of this number.)

#### DISCUSSION.

Dr. H. D. Wood, of Angola: "Wounds of the Intestinal Tract are usually considered very grave because of the liability of fatal inflammation, and a great deal of discretion must be used in deciding upon the proper operative procedures. Sometimes it is best not to enlarge the original wound at all and then again it is of the utmost importance that the wound be enlarged and the injured parts brought prominently to view. When called to see a patient with an abdominal wound it is always best to make an *exploration* before hastily deciding upon an operation. This can be done with an ordinary probe. It will frequently occur that either a large or small wound, which you may think has entered the abdominal cavity, has not done so at all, the peritoneal layer remaining intact. When the abdominal cavity has been entered it is always good surgery to open the belly sufficiently to determine the amount of intestinal injury, and the extent and character of such intestinal injury will determine the procedure and methods to be adopted. I am not familiar with the vegetable plates which Dr. Green recommends, but have reason to believe that they are practical."

Dr. Passage, of Peru: "I do not believe that operative procedures should be confined to those cases in which an injury has been such as to open the abdominal cavity, for injury to the contents of the abdominal cavity can be produced by external violence *without* perforation of the peritoneal covering. I had a case in my practice in which the injury occurred by means of the patient being struck in the abdomen with a plank, no external wound being visible. An operation disclosed profuse hemorrhage into the abdominal cavity.

"Many physicians regard the abdominal operation as dangerous and overlook the dangers that will attend non-operative treatment. If the abdomen is opened under the usual precautions there is little danger and the



physician should have no hesitation in performing the operation when indication calls for it.

"This leads me to say something about antisepsis and asepsis. The new born antiseptics were not used in my earlier days, and I have been slow to adopt them later. For thirty-eight years my antiseptics for the purpose of securing cleanliness and fitting myself for an operation, have consisted in simply a thorough application of soap and water to everything that is to go into the wound; and, so far as I know, I have never had a mishap that I could attribute to infection from hands or instruments."

*Dr. C. B. Stemen*, of Fort Wayne: "As there are students here who are being taught to regard antisepsis and asepsis as essential to the most satisfactory results in surgical practice, I want to say something on that subject, and particularly so because of the effect that may result from the last remarks were they to go unchallenged. I must say that the thirty-eight years success of the last speaker is different than mine, and different than that of most physicians. I will confess that I lost many lives before thorough asepsis and antisepsis was in vogue, and in the light of later experience I believe those lives could have been saved had I adopted the precautions that were in after years proven of such great value, and which are now considered absolutely essential. It is one thing to be clean as far as the macroscopical appearances of dirt are concerned and quite another thing to be *surgically clean*. Every physician who performs an operation should have all the necessary paraphernalia and facilities for performing that operation properly, and the surgeon who neglects to put into practice those measures which have been proven to be of the utmost importance in securing success, places the life of the patient in unnecessary danger and himself responsible for inexcusable negligence or ignorance."

*Dr. Passage*: "I would not be understood as saying that I did not practice ordinary cleanliness, or that I did not use antiseptics of any kind whatsoever. I admit, however, that my antiseptics are o'd fashioned and that the new born antiseptics are not used by me to the same extent. I boil my instruments and ligatures, and as an antiseptic I use the ordinary copperas."

*Dr. Green*, in closing: "I have nothing to add except to say that cat gut sutures are all that could be desired in the repairing of intestinal wounds. Perfect agglutination of the stitched surfaces will occur in four hours if it is to occur at all, and cat gut sutures hold seven hours."

Dr. J. H. Omo next presented a paper entitled "Malaria and Its Sequellae." (An abstract of Dr. Omo's paper will be found in another part of this number.)

#### DISCUSSION.

*Dr. Whery*, of Fort Wayne: "I am very sorry that I did not arrive in

time to hear the first part of the paper, but am satisfied that the portion that I missed was fully as good as that which I have heard since being in the room. The paper is an excellent one, and being somewhat exhaustive it admits of very little discussion that will bring out new ideas.

“Many of the so called malarial affections are not due to microbes but to the toxins found in the system. The affect of these toxins is shown in the haemoglobin, and in the cachetic appearance of the patient. These toxins are much influenced by climatic changes, and it is found that the varying degrees of moisture very materially alter the activity of the toxins, and their results. In early days, before the country was populated to the same extent as now and when the low lands were not as well drained, it was quite common for the inhabitants of low districts to have a fever which was supposed to be caused by the miasmatic influences of the swampy lands, and this fever was properly termed malarial fever. At the present time it is very rare to find a typical case of the old time malarial fever, and many cases supposed to be due to malaria, and called malaria, are not. Many of the symptoms supposed to be due to malaria may be produced by errors of diet, and certain forms of bowel trouble may produce malarial symptoms. It strikes me that we should study our cases carefully, and that we should avoid falling into the habit of calling every case malaria which may simulate to the slightest degree the old fashioned malarial fever which occurred in swampy districts.”

*Dr. Van Buskirk, of Fort Wayne:* “It seems quite probable that the germ of malaria exerts its influence in varying intensity, or, in other words, that the affect produced by the germ will vary with the good or bad condition of the soil upon which the germ thrives. We know that the so called malarial troubles have gradually disappeared, or, at least, been changed in characteristics as the country has been changed by drainage, cultivation and destruction of forests. I do not believe that the typical malarial troubles are anywhere near as prevalent as they were thirty years ago, though I believe they still exist. Physicians differ in their pictures of typhoid. One physician will call the case remittent fever, while another will call the same case typhoid fever. The same holds true with malaria, and, though errors of diagnosis are common, I believe that there are many differences in the picture of malaria that various physicians rely upon in forming a diagnosis.”

---

Proportion of Physicians to Population. Austro Hungary, 1-3859; Belgium, 1-2841; France, 1-2666; Germany, 1-3038; Italy, 1-3556; Netherlands, 1-2484; Norway, 1-3996; Russia, 1-8551; Spain, 1-3375; United States, 1-090. (Moral—go to Russia.)—*Texas Medical Journal.*



## DELEWARE DISTRICT MEDICAL SOCIETY.

(CONTINUED FROM FEBRUARY NUMBER.)

Dr. E. R. Lewis, of Indianapolis, read by invitation a paper entitled, "Something More About the Tonsils."

Dr. Lewis stated that the word tonsil brought to every physician's mind a distinct remembrance of pain and discomfort, either as occurring in himself or some of his patients. He thought that though much had been said regarding the tonsils and the diseases which attend or are superinduced by the tonsil, there was still room for further discussion, and that something more might be said regarding this part of the throat. Most physicians imagine that when they have seen the faucial tonsils, or the mass of lymphoid tissue which protrudes from the space between the pillars of the fauces, that all has been seen; but a careful examination will reveal that there are masses of tissue in other portions of the throat which resemble tonsillar tissue and which, while not usually the seat of disease itself, is the exciting cause which produces disturbances in surrounding structures. In this connection the doctor referred particularly to the adenoid tissue found in the naso-pharynx, and mentioned the fact that a great many children suffer from obstructed breathing and diseases of the throat and nose, and likewise are subject to many constitutional disorders which have their origin in enlargement of this adenoid tissue in the naso-pharyngeal space. As an example of the disturbance that may be caused by moderately enlarged adenoids in the naso-pharynx he spoke of the cough which frequently occurs in young children, and for which the ordinary cough-remedies and treatment seems to be of no avail. In many of these cases the cause may be found in the presence of adenoid tissue in the naso-pharynx which produces an irritation, flow of mucus, which latter dropping into the larynx produces an irritation of the vocal cords and the effort to expel it—coughing. The only way to cure the trouble is to remove the adenoid tissue, the exciting cause of the mucus which produces the disturbance.

Dr. Lewis also spoke of the adenoid or lymphoid tissue resembling the tissue of the tonsils, which is found at the base of the tongue, and which, by enlargement or thickening presses upon the epiglottis and surrounding structures, producing irritation and disease. In examining the throat this lingual tonsil is oftentimes overlooked, and an irritating and uncontrollable cough which has resisted all ordinary treatment may oftentimes be entirely cured by attention to this accumulation of lymphoid tissue at the base of the tongue. Dr. Lewis stated that enlargement of the lingual tonsils very seldom occurs in young persons, and never, so far as his experience went, in small children; whereas the presence of lymphoid or

adenoid tissue in the naso-pharynx is particularly liable to occur in small children and young adults, while very rarely, if ever, occurring in persons of mature age. As symptoms of the enlargement of the lingual tonsil the patient will complain of a tickling sensation in the throat, sometimes declaring that a bristle from a tooth-brush, or a fish bone, or a crust of bread has lodged in the throat. Other patients will complain of a feeling of fullness in the throat varying from slight discomfort that leads to increased efforts at swallowing, to a positive feeling of having a growth in the throat which at times seems to threaten strangulation. In nervous women this feeling may be so annoying as to bring on symptoms that may be characterized as hysterical, and so diagnosed. Some patients have a distressing cough while others complain of either an intense dryness or on the other hand an increase in the amount of secretion. Examination of the base of the tongue discloses thickened tissue which may at times resemble a cauli-flower through its irregularities. In color the parts may be pale or congested, enlarged and tortuous veins covering the surface. Sometimes the space between the tongue and the epiglottis is filled with the irregular nodulated mass, and the tip of the epiglottis may be caught and held between the irregularities. As a rule the patient will suffer from some constitutional disturbance which bears an important relation to the local manifestations. Treatment must be both local and constitutional. Local treatment will consist in erradicating the diseased tissue by surgical means, the curette being the most efficient for the purpose. To one not accustomed to using an instrument for the relief of this trouble it may prove efficient to use the ordinary tincture of iodine, which may be painted over the surface of the thickened mass. The latter treatment must be continued for some time, and in a large number of cases will prove beneficial and relieve the patient of a train of symptoms which have resisted all other forms of treatment. As constitutional treatment it is often necessary to relieve the patient of indigestion, constipation, rheumatic tendencies, etc.

The adenoid tissue occurring in the naso-pharynx of children is best removed by the index finger, the nail being used to scrape away the soft lymphoid tissue. Sometimes two or more scrapings may be necessary, and the surgical treatment should be followed by cleansing and other treatment in order to place the parts in a healthy condition.

#### DISCUSSION.

*Dr. Lewis C. Cline*, of Indianapolis: "I am glad that Dr. Lewis has presented this subject, as it is an important matter to which too little attention has been given. The circle of tonsils, pharyngeal, faucial and lingual is responsible for many conditions interfering with the health and comfort of our patients. By obstructing breathing they interfere with the



development of the respiratory organs and thus predispose to phthisis. Secretions passing down into the stomach give rise to digestive disturbances. "The pressure of these enlargements on the pharyngeal openings of the eustachian tubes, as well as the extension of the catarrhal process through these tubes may seriously derange the hearing, while the nervous reflexes from pressure may range from simple neuralgias to actual impairment of the mental powers. Cheesy formations in the crypts of the faucial tonsil cause frequent attacks of tonsilitis or quinsy, the suppurative form being very common from this condition. Emptying these crypts and using the galvano-cautery is the treatment for this condition. Enlarged faucial tonsils are best removed with the tonsilitome, the pharyngeal and lingual by forceps, the galvano-cautery, the application of chromic acid or a solution of nitrate of silver. There is nothing to fear from these operations properly performed—the important point being to remove the enlargements, if possible, early enough to prevent the more serious results already mentioned."

*Dr. Garber, of Dunkirk:* "I feel under obligations for the paper just read as it has cleared up in my mind the pathology of a case which I was not long since called upon to treat. At the time, the case, which was a suppurative inflammation situated at the base of the tongue, seemed particularly obscure but in the light of the doctor's paper I feel certain that it was an acute suppurative inflammation of the lingual tonsil with which I had to deal."

Dr. J. H. Ford, of Wabash, by invitation, addressed the society upon "Minor Injuries of the Major Joints."

The doctor stated that he had selected this topic from its great and growing importance not only from a surgical but a medico-legal standpoint. The indifference and thoughtlessness with which this class of injuries have been treated in the past must give way to rationalism or we are soon to see these cases brought into the courts as the basis of action for personal damage and rightfully so. Some definite line of rational treatment must be mapped out and carried out, instead of the haphazard hit and miss methods of the past. The doctor believed the first essential of the surgical treatment of these slight injuries of the joints, and even of those of greater magnitude, consisted in preserving the mobility of the joint and preventing outgrowths of callus or connective tissue that would mechanically interfere with action. This he secures by means of persistent and intelligently applied passive motion. He would at the beginning of the treatment, for a day or so or until the soreness had somewhat subsided, recommend quiet and the application of fomentations, but very early he would begin the passive motion and keep it up until the joint had entirely recovered. Following this plan of treatment for several years

past, he has secured results far superior in every way to those he has ever gained or seen from any other line of treatment. He would make use of a protective or retention dressing between the applications of massage, but does not believe in the use of the continued retention dressing to the exclusion of passive motion.

#### DISCUSSION.

*The Secretary:* "Dr. Ford has certainly presented a very important subject in a very clear manner and I do not think that he has at all over-stated the importance of the medico-legal aspect of the matter. I cannot agree with all of his propositions and have frequently secured results from the continuous plaster immobilization that left nothing to be desired. It requires a considerable experience with the material perhaps, but when plaster is applied with proper snugness and evenness, without being too tight, and allowed to remain until all soreness and swelling have disappeared, and the cast is then cut down the front and slipped off for parts of the day and returned when the patient goes about, a perfect result is the rule. With any plan of treatment it is important to be able to inaugurate it at once, and not after the patient has exhausted his own and his neighbor's resources without benefit to himself."

*Dr. Kemper:* "I rely in great part upon the use of warm or hot fomentations and enjoin quiet, but rarely find it necessary to secure it by plaster or other retention dressing."

*Dr. Nolder:* "I have used with much advantage a dressing in no wise original, which consists of narrow strips of stout surgeon's adhesive plaster applied in such a manner, and with a considerable firmness, that they overlap and encircle the whole part. This is done, in the case of the ankle for example, before it has had time to swell, or as soon afterward as possible, and the patient is able to continue about on it, thus securing the same benefit that Dr. Ford described as arising from the employment of passive motion."

---

#### PAID FOR OTHER EYES.

Patient (who has just had his eye operated upon).—Doctor, it seems to me \$100 is a high price to charge for that job. It didn't take you ten seconds.

Eminent Oculist.—My dear friend, in learning to perform this operation in ten seconds, I have spoiled more than two bushels of such eyes as yours.—*Boston Home Journal*.



# Fort Wayne Medical Magazine.

---

VOL. IV.

APRIL.

NO. 4.

---

## EDITORIAL STAFF:

ALBERT E. BULSON, JR., B. S., M. D., MANAGING EDITOR,  
19, 20, 21 Pixley-Long Building.

MILES F. PORTER, A. M., M. D.,  
47 West Wayne Street.

GEORGE W. MCCASKEY, A. M., M. D.,  
107 West Main Street.

BUDD VAN SWERINGEN, M. D.,  
26 West Wayne Street.

FRED J. HODGES, B. S., M. D.  
Anderson, Indiana.

---

A Journal of Medicine and Surgery, Published between the 1st and 10th of every month. Price, \$1.00 per Year, Postage Paid.

This Journal is devoted entirely to the advancement of medical science. Essays, Clinical Reports and Personal Communications of a medical nature are solicited. All Contributors are responsible for their own utterances.

All Communications, Subscriptions and Books for Review should be addressed to the Editor of THE FORT WAYNE MEDICAL MAGAZINE, 21 Pixley-Long Block, Fort Wayne, Indiana.

---

## EDITORIALS.

---

### MEETING OF THE INDIANA STATE MEDICAL SOCIETY.

The announcement to the members of the Indiana State Medical Society of the forty-seventh annual meeting to be held at Fort Wayne, Thursday and Friday, May 28th and 29th, was issued by the chairman of the Committee on Arrangements on March 25th. In the March number of the Magazine we gave an abstract of the principal points contained in the announcement and referred particularly to the conditions under which papers are to be accepted for presentation at the meeting. We are glad to announce that there have been sent in to the committee, up to the present time, twelve good papers which will be presented at the May meeting. The Secretary informs us that the various county societies throughout the state are manifesting unusual interest in the coming meeting, and that without doubt the mem-

bership will this year be increased by the addition of a large number of new members. It is particularly gratifying to know that the counties in the northern part of the state, which previously took so little interest in medical work and have not been identified with the state-organization, are making an effort to organize societies and send delegates to the Fort Wayne meeting. It is also gratifying to know that many of the counties in the extreme southern portion of the state are manifesting an interest in the work, and that we have assurances of a large attendance from that quarter. The physicians of Fort Wayne are prepared to entertain the visitors handsomely and they hope to see one of the largest and most enthusiastic gatherings in the history of the society. From present indications it would seem that their wish will be amply gratified. B.

---

#### THE COMMENCEMENT EXERCISES OF THE FORT WAYNE COLLEGE OF MEDICINE.

The annual commencement exercises of the Fort Wayne College of Medicine were held at the Masonic Temple on Wednesday evening, March 18th. The graduating class numbered an even dozen, and it is safe to say that the college never turned out a class of young men who were better qualified or more able to baffle with the problems and hardships of medical practice. The baccalaureate address was delivered by Professor Barnett and was an able address on the duty of the medical man to the public and to himself. The address, while full of good advice to the class, abounded in wit and humor, and was well received by the audience. The address for the Trustees of the college was delivered by Dr. J. R. Weist, of Richmond, his subject being "Vivisection and Its Value to Humanity." This address was a scholarly and logical argument favoring experiments upon animals as a means to secure advancement in medical science and benefit to mankind. Dr. Weist proved conclusively that nearly every step in the advancement of medical and surgical science



for hundreds of years has been due to results obtained through vivisection, and he argued that without vivisection many of the great discoveries that have been and will be of such incalculable value to mankind, have and must be brought about through the medium of experimentation upon the lower animals. Admitting that these animals do suffer, which in the majority of cases is not true, he contended that it was far better that dumb animals, which are but the servants of mankind, should suffer, than that human beings should suffer through the mistaken sentimentality of a few people who would prevent the experimentation which might lead to such valuable results in the prevention and cure of disease. The lives of millions of people have been saved through the great discoveries in medical science, and not one of those discoveries have been brought about and perfected except through experimentation on the lower animals. We can but commend the spirit of Dr. Weist which prompts him to go into this subject so thoroughly, and as the subject is one which is now receiving so much attention at the hands of the various humanitarian societies, and is likely to be made a public issue at no late date, we hope to hear more from Dr. Weist in advocacy of this most important privilege to medical men.

The annual commencement banquet, given by the faculty to the students and alumni, was held at the Randall Hotel immediately following the regular commencement exercises. These banquets have steadily advanced in point of superiority, and the one of this year eclipsed all of the other entertainments of like character given by the faculty. Hon. Thomas R. Marshall acted as toast master, and the mention of his name in that position is enough to guarantee a happy fulfillment of that part of the programme. The two hundred guests who sat down to the table were loud in their praises of the entertainment, and unite with us in the hope and wish that future banquets of the faculty may prove as enjoyable.

B.

## CANCER CURE STATISTICS.

Dr. Nathan Jacobson, of Syracuse, N. Y., deals the so called cancer specialists some heavy blows in a recent article in the *Medical News*. The statistics he presents were collected by a man who was in the institution as a constant attendant upon his wife, who was being treated for cancer of the breast. The wife was pronounced entirely cured of cancer, but was said by the doctors of the institution to be suffering from pneumonia. She was sent home in almost a dying condition and did die in six days of secondary cancer of both lungs. For professional services alone, exclusive of board, nursing, etc., this man paid \$50.00 per week for fourteen months, and then took his wife home to die in six days of the very disease of which these so called doctors had pronounced her cured. There were in this institution at the time his wife was admitted, (Sept. 19, 1893,) twenty-six cases. On December 14th, 1894, ten of these had died, six had been sent home to die, three had the cancer recur, and seven believed themselves cured. Among the latter were four very trifling affairs. One of the patients was said to be a man of very limited means whose home was in California and who was promised a cure of cancer of the face in two months, but who, in the desperation of these poor stricken souls, staid on for fourteen months, turning over all the money he had except enough to carry him home where he went with his cancer worse than when he entered this institution. What a pretty lot of scoundrels to rail at the regular practitioner of medicine, charging him with mercenary motives, incompetency, dishonesty, etc.? Of course the profession knows that there is not one honest intelligent doctor in the whole lot of these so called cancer specialists, but that they are either ignorant, unscrupulous, or both.

How long, oh Lord! how long, will these mammon worshipping curs be allowed to rob and torture those who through ignorance, or disease, or both, are incapable of protecting themselves?



## DOGS OF WAR.

We learn from a recent editorial in the *Medical News* that a German has recently been training dogs to act as an auxiliary field hospital corps, for finding and carrying aid to the wounded after battle. At the request of the military authorities a field trial was made which proved so very satisfactory that it has been decided to make use of dogs in this capacity during the field manouvres next summer. That dogs might render invaluable service in this way seems more than probable; that no great nation shall ever need to use them in this capacity we hope and believe. P.

---

## THE USE OF ANAESTHETICS IN LABOR.

One of the prime functions of the physician is the relief of suffering, no matter what the origin of that suffering is. There may be found, occasionally, a good and sufficient reason why a patient should be allowed to suffer rather than be relieved, but they should not be of the character of the argument used by W. B. Ulrich, of Chester, Pa., (*Journal American Medical Association, March 7, 1896.*) against anaesthetics in labor, which is as follows: "Who can tell what the effect of these God-given pains, the result of nature's forces, may have upon the mental economy of the mother?"

Such talk is nonsense. It is intended to intimidate the undecided and wavering practitioner of the healing art. It is a sort of "you better look out; I wouldn't do that." Why? "Well, 'cause I wouldn't." Such remarks have no place in science. If a procedure is fraught with danger, there are reasons why it is and Dr. Ulrich should bring them out in his next address on obstetrics. The only one he does mention is the increased liability to hemorrhage. In answer to that we may say that it has been our good fortune to meet with but three cases of post-partum hemorrhage; the first occurring after a twin pregnancy with hydramnios, the second after a labor of four days duration,

and the third after a normal labor but in a case which always bleeds after confinement. This last case had had no chloroform. The other two had chloroform administered for one hour each, or while being delivered. It will be seen then that it has not been our experience, notwithstanding our invariable use of anaesthesia in the second stage of labor, to have seen post-partum hemorrhage following this practice. Neither have we seen asphyxiated or still-born infants more frequently than others who eschew the practice, that is, we have not encountered this trouble in any cases where there did not exist other adequate causes for it.

That these "God-given pains" do have some effect upon the "mental economy of the mother" we freely admit, but deny that it is any different from any other severe suffering. It is true that *sometimes*, in addition, we see the longings of motherhood apparent and the satisfaction attendant upon the realization of anticipations. We also hear the agonizing interrogatory: "Oh doctor! can't you do something for me." The welfare of the babe is almost entirely subjugated during this period in the parturient's mind to her own desire for relief, and therefore it would be hard to imagine any beneficial effect "upon the mental economy of the mother" by this severe suffering. The degree of pain in labor does not indicate the amount of affection a mother will have for her child, and we do not see any other effect these "God-given pains" can have "upon the mental economy of the mother."

S.

---

It is said that in Paris over one hundred thousand persons ride the bicycle, and almost all physicians use it in their daily work and prescribe its use.

---

Ubiquitous friend (on street).—Doctor, what do you take to cure a cold?

Doctor (crustily; walking on).—A fee, sir, a fee!



## MEDICAL REVIEWS.

---

### DEPARTMENT OF MEDICINE, THERAPEUTICS, NERVOUS AND MENTAL DISEASES.

---

IN CHARGE OF G. W. McCASKEY, A. M., M. D.

Professor of Nervous and Mental Diseases and Clinical Medicine in the Fort Wayne College of Medicine.

THE NEUROLOGIST.—“It is a source of surprise to the neurological mind that so many distinguished men who break down from profound and prolonged strain upon the nervous system and its sequences, should when ill summon only a general practitioner or limited area specialist and have the local sequence treated, instead of the whole man, ignoring the best of all physicians, the neurologist, who, of necessity, must be a high grade general practitioner, and often something more, in his comprehension of the organism under many of the diseases which affect it. General practitioners are not yet willing to concede it, but there is a time in the history of the break down of most men of affairs when the broad minded neurologist, accustomed to taking into constant account the relations of conditions of nerve strains, neurasthenia and exhaustion, could be of inestimable service to our men of great affairs. But it is generally thought the proper thing, if the disease can be labeled “Morbus Brightii,” or some other local trouble consequent upon prolonged central nerve strain, to ignore the neurologist altogether.”—*Alienist and Neurologist*.

---

CHLOROSIS.—M. Chauvin, of Paris, in view of the fact that chlorosis occurs only in women, and that some disturbance of menstruation is always present, expresses the opinion that the disease is due to menstrual or genital auto-intoxication. In fact as menstruation is about to occur, the toxicity of the serum is increased; for instance, wet nurses, in whom the menstrual function is preserved, often transmit diarrhoea and eruptions to the infant. At this time herpes and fever may also be observed; as soon as the flow begins, however, these symptoms—the headache, the muscular pains—disappear; the appetite returns and all signs of poisoning vanish.

The author concluded that the menstrual function purges the economy of certain organic poisons; and that the genital organs play in this respect a role of elimination. Under the influence of heredity, scrofula, and tuberculosis this role, like that of other organs, is affected and particularly so at the moment of puberty.

When the demands on the organism are greatest and the accumulation of waste more rapid, at this epoch the imperfection of undeveloped cells become evident; the products of metabolism suddenly increase and are badly eliminated; this is in itself a first source of auto-infection; the narrowness of the arteries—especially of the mesenteric, and of the pulmonary—increase the faulty metabolism. To this general process of auto-intoxication is added another factor, that of obstruction of the genital depurative apparatus and chlorosis results. Certain chlorotic patients, it is true, menstruate abundantly; but this does not form an argument against the genital theory of chlorosis, since there are patients with renal diseases who excite large quantities of urine.

It must be ascertained in chlorosis if the blood contains poison as it must be ascertained in polyuria if the urine is toxic.

M. Chauvin believes the causes advanced to explain chlorosis—such as poverty, over work, emotion, etc.,—are only occasional factors, the drop of water, as it were, which caused the glass to overflow, increasing the metabolism. Thus all the morbid phenomena of the disease belong to the same category, as those seen in experimental poisoning, the same is true of certain cardiac, digestive, nervous, and hepatic disturbances and of fever, all of which are often toxic in origin.

---

**RESTRICTION OF THE SPREAD OF TUBERCULOSIS.**—Dr. J. L. Heffron, (*Medical News*), presents the following conclusions in regard to the above subject, in an interesting paper read before the last meeting of the New York State Medical Society:

1. Tuberculosis is an infectious and curable disease, capable of restriction.
2. That the state should compel the registration of every case of tubercular disease.
3. That circulars of information as to the nature, communicability, and sanitary care of all tubercular disease should be sent to those afflicted with the disease, and to those attending them.
4. That instruction as to the nature of contagious and infectious disease, and the practical methods for their control should be given to all senior pupils in public grammar schools.
5. That all owners and trustees of places of public entertainment, including churches and schools, and all public carriers should be required to prevent contamination of their halls and conveyances, and to disinfect them with contaminated.
6. That the hopelessly ignorant, wilfully careless and vicious afflicted with tuberculosis should be isolated in special hospitals provided by the state.



**A NEW METHOD OF ISOLATING THE TYPHOID BACILLUS.**—Herr Elsner describes a simple and certain method of isolating the bacillus of enteric fever.

After boiling gelatine together with an infusion of potatoes a quantity of soda is added and the mixture filtered and sterilized. It is put into tubes filled with a 1-per-cent of iodide of potassium. The tubes are then inoculated with the dejecta and the gelatine is deposited on glass plates in the usual way. The researches of the author prove that all bacteria perish in the iodide-of-potassium gelatine except the bacillus of enteric fever and the bacterium coli commune. After twenty-four hours the bacillus of enteric fever is scarcely visible on the gelatine, but the colonies of bacterium coli are already somewhat large at this period. After forty-eight hours the colonies of the enteric fever bacillus becomes visible as small, clear masses like drops of water, whereas, those of the bacterium coli are large and of a dark-brown color. No other bacteria of the dejecta besides the above named, are to be seen. Herr Elsner found the bacillus after forty-eight hours in every stage of the illness in twelve cases, the number of the bacilli decreasing as soon as the temperature became lower. In one case complicated with thrombosis of both cerebral veins they were present after thirty-eight days. If after the cessation of the fever the bacilli are still visible in considerable quantity a relapse is probable.

Professor Brieger suggested that the dejecta of persons who have to do with enteric fever patients, such as nurses, servants, etc., should be regularly examined. If bacilli are found these persons must be supposed to be in the stage of incubation and full doses of calomel may be able to prevent the development of the illness.

---

## DEPARTMENT OF SURGERY AND GYNÆCOLOGY.

---

IN CHARGE OF MILES F. PORTER, A. M., M. D.

Prof. of Surgery and Gynæcology in the Fort Wayne College of Medicine.

ASSISTED BY

FRED J. HODGES, B. S., M. D.

Prof. of Genito-Urinary Surgery in the Fort Wayne College of Medicine.

**LIGATURE REMOVED FROM DEEP URETHRA SIX MONTHS AFTER OPERATION FOR THE RADICAL CURE OF HERNIA:**—Dr. A. Vierra de Carralho, of St. Paul, Brazil, reports (*Boletine da Sociedade de Medicina e Cirurgia, Sept. 1895*) a very unique and interesting case in which six months after an operation for the radical cure of hernia there developed symptoms of stricture with bloody urine, which, upon operation were found to depend upon two phosphatic

calculi which had formed around a silk suture or ligature which had been used in the hernia operation. The calculi were united by the thread like a dumb-bell, or two beads of a rosary, and had lodged in the deep urethra. We are indebted to Rev. M. E. Beall, of Jonesboro, Ind., for the translation of this interesting report.

---

THE ETIOLOGY OF PUERPERAL FEVER.—“1. Puerperal fever is produced by micro-organisms which get into the system through wounds in childbirth.

2. These organisms are transferred by contact. They are not inhaled or swallowed.

3. The transference of organisms is prevented by cleanliness, and the organisms are killed by antiseptics.

4. The hands are the usual poison-bearers; next in frequency clothes and instruments.

5. Investigation of a particular outbreak of puerperal fever should begin with inquiry into the precautions taken by doctors, nurses and mid-wives to secure the cleanliness and disinfection of their hands, clothes and instruments.

6. There is no such thing as self-infection with puerperal fever. The causes supposed to produce “autogenic” puerperal fever produce, in lying-in women defended by antiseptics from septic poison, only trivial illnesses.

7. The inhalation of sewer gas causes in the puerperal woman the same symptoms as in other persons. There is no good evidence that, in women defended by antiseptics from septic poisoning, it produces symptoms like those of septicæmia.

8. The poison of erysipelas of the skin produces in lying-in women erysipelas of the skin, and other illness. But the poison of the disease known as phlegmonous erysipelas of cellular tissue produces puerperal fever.

9. The poison of scarlet fever produces in lying-in women scarlet fever, and no other illness.—*The Trained Nurse*.

---

A PAINLESS METHOD FOR INJECTING HYDROCELE:—Nicaise (*British Medical Journal*, June 5, 1895,) advises drawing off about one-third of the fluid and then passing into the sac 3 to 4 centimeters of a 1 per cent. solution of cocaine, the remaining fluid acting as menstruum. The scrotum is gently manipulated and after four or five minutes the remainder of the serous fluid is drawn off. Then inject iodine pure, or diluted one-third with water, again manipulate the scrotum four or five minutes and allow the iodine to escape. The operation is painless.

This procedure utilizes a natural aseptic fluid as the excipient and the quantity of cocaine absorbed from a serous is less than from a watery solution.—*Buffalo Medical Journal*.



**AIR INSUFFLATION IN PERITONEAL TUBERCULOSIS.**—Follet recommends (*Med. and Surg. Rep.*) the insufflation of air into the peritoneal cavity in cases of tuberculous peritonitis. He maintains that when laparotomies are performed for this condition, the great relief which almost invariably follows comes through ingress of fresh air, which sets up a reactionary inflammation of serosa, that ends in the breaking down and resorption of the tuberculous masses. The parents of a child of ten would not consent to laparotomy. He introduced a trocar, and drew away three liters of serum, and then insufflated with three liters of air into the cavity of the peritoneum. Recovery was prompt and there was no relapse. Moorhoff, of Vienna, treated a case of tuberculosis of the epididymis by this plan with success in 1892. Where there are contra-indications to laparotomy, this course, in Follett's judgment, is the proper one to pursue, since it is not dangerous and usually succeeds.—*Ohio Medical Journal*.

---

"I suppose you carry a memento of some sort in that locket of yours?"

"Precisely. It is a lock of my husband's hair."

"But your husband is still alive?"

"Yes, sir; but his hair is all gone."—*Woonsocket Reporter*.

---

**FOR UTERINE LEUCORRHOEA.**—Take of

Tannic acid, 2 ounces;

Pure alcohol, 1 fluid ounce;

Beechwood creosote, 1 fluid ounce;

Distilled water, 8 fluid ounces.

**DOSE:**—A tablespoonful in a quart of warm water, to be used as a vaginal injection, three or four times a day.—*Livola, Semaine Medicale—Med. News*.

---

**INOCULATION OF ERYSIPELAS IN LUPUS AND SYPHILIS.**—In a discussion on this subject in the French Society of Dermatology and Syphilography, (*Universal Medical Journal*) opinions seemed to differ considerably as to the advisability of erysipelas inoculations. Hallopeau exhibited a woman treated six years before in whom the cure was perfect.

Besnier had often seen lupus remain after attacks of erysipelas, although some seemed cured by it. He believes the cure is not usually permanent and that inoculation is dangerous. Barthelomy had a patient die of sinus phlebitis who contracted erysipelas accidentally after scarification of lupus of the nose. Wickham had known erysipelas to cause elephantiasis thickening of the face. Mauriac and Fournier both believe that erysipelas only inhibits syphilis or lupus, and the former referred to a case of phagedaenic chancre reported by Ricord, which was apparently cured by erysipelas, but in which the chancre soon recommenced.

**INHALATION OF VINEGAR FOR VOMITING AFTER CHLOROFORM:**—M. Irwin a French surgeon, speaks highly of the inhalation of vinegar to prevent vomiting after chloroform.

The following is his method of employing the vinegar: "He saturates a piece of linen with vinegar, but not too wet. The linen napkin, if that be used, is placed over the face as soon as the chloroform is removed so that the inspired air must pass through the saturated linen. A mask may be used over the mouth and nose to keep the wet linen from annoying the patient by being applied directly over the mouth and nose. This is kept up for three or four hours, or longer. The cloth must be replaced by a fresh one when it becomes slightly dry, but no air should be breathed except what is inhaled through the saturated napkin."—*Editorial, The Kansas City Medical Record.*

We have had some experience with this use of vinegar, which though not extensive enough from which to draw conclusions, has been such as to warrant the belief that the remedy will prove quite useful. The theory of the action of the vinegar is that the acetic acid combines with the chlorine, which is supposed to cause the vomiting through irritation of the larynx, and produces trichloroacetic acid.

---

**NECESSITY OF EARLY OPERATION IN MAMMARY CANCER:**—Van Renssler quotes the younger Gross, Agnew and Sands to the effect that the surgical relief of cancer of the breast is practically a failure and contrasts the frank admission of these surgeons with the published reports of cases to-day treated by what is called the "complete" method, which, it is claimed, gives 25 per cent of permanent recoveries *when undertaken early*. That is the one point which each writer dwells upon and is the key-note of success. Early operation means everything. Heredity cuts but little figure while history of a real traumatism or of chronic inflammation is important in connection with a suspicious breast. As to the age he claims that carcinomatous tumors develop after the age of forty in 77 per cent of all cases, never before twenty. To detect the early symptoms the hand should be laid flat upon the breast and, the tumor being rolled under the palmar surface, if the malignant growth be present two facts may be impressed upon the observer—the tumor has a stony hardness; it infiltrates the breast substance and does not move within it freely like an encapsulated innocent tumor. Increase of size as compared with other mammary neoplasms is slow. Carcinomatous degeneration of the glands may occur as early as the first month or may be delayed for years, but the average date is fourteen or fifteen months after the beginning of the infection of the mammary lymphatics. By early "complete" operations Bull has been able to present 54 per cent of his cases free from recurrence after three



years, and Halsted has reported fifty cases with but three local recurrences.—*American Journal of Obstetrics, January, 1896.*

---

## DEPARTMENT OF OBSTETRICS AND PAEDIATRICS.

IN CHARGE OF B. VAN SWERINGEN, M. D.

Professor of Theory and Practice of Medicine in the Fort Wayne College of Medicine.

**THE INFANTILE CAUSE OF EPILEPSY.**—In Gowers latest book, "Clinical Lectures on the Nervous System," some careful observations on this subject are elaborated in detail. The most frequent infantile cause of epilepsy is rachitis. Clouston has also emphasized its influence in the production of other nervous diseases. It was Sir William Jenner who demonstrated that the condition of rickets is a general retardation of development, with various secondary necessary results, and of the association of convulsions with this general state. Backward teething is also a manifestation but is now fully understood not to be a cause in itself of the convulsions of infancy. These are a consequence of the retarded development which occurs so often toward the end of the first year. It is the epoch at which the character of the food supply undergoes a change, or does not undergo the change that is natural. It is also a period when much functional capacity passes into functional use. The influence of rickets in causing the convulsions of infancy are of great importance in connection with epilepsy. They leave behind a residual disposition to a like morbid action which may be continuous in its results, or may become active at a later period of life. Every variation of interval is met with. It is impossible to doubt that the convulsions of dentition are a definite element in the causation of epilepsy. Convulsions due to retarded development are general; so also are the epileptic attacks which follow them. This is an important point to remember. Moderate in severity, when continued in epilepsy, the attacks often become slighter, until they are merely minor attacks with loss of consciousness. There may be only the slightest indication of spasm or no trace of it after a time. Minor attacks may continue for a few years, and thus muscular contractions may be added to loss of consciousness.

There are two other forms of epileptic attacks that can be traced to the convulsions of infancy. In the first the spasm can be observed to commence locally, in the hand or face; and appears on one side before it does on the other. The attacks during babyhood in these cases were also of this nature, the first seizure being often of great severity. Such convulsions mean unilateral instability of the motor structures of the brain. There is organic disease in the cortical region. If profound, and in the motor region, hemiplegia is the result. This may be slight or severe, last-

ing a lifetime, or passing away in a few months. The third class of cases in which epilepsy has its origin in infancy is found among first-born children who make their entrance into life under great difficulties, and the symptoms of their convulsions are due commonly to the effect of meningeal hemorrhage. A small number of cases dating back to infancy, and not belonging to these three classes, are those associated with congenital brain defect. Underlying all the phenomena of epilepsy, whatever its cause and its features, there is one fact which it is important to recognize. Convulsions are far nearer normal action than this startling aspect suggests. In health, nerve-centres are always ready for the instant liberation of nerve force. A perception of danger induces in an animal, and often also in man, motor activity as intense as that of an epileptic fit. By their nutritional state, the nerve structures hold, ever ready for release, in vast amount, the latent energy that excites the muscles. Considered from a dynamic point of view the amount is, no doubt, trifling, not to be measured by its manifestation in the muscular contraction it excites. The perfect readiness which underlies its instant release in health, underlies also its instant liberation in disease. Thus may be explained the fact that the apparent causes of epilepsy are inadequate. —*Medical Record*, Oct. 26, 1895.

---

**AUTOPSIES OF CASES TREATED WITH ANTITOXIN:**—Dr. William Royal Stokes gives the results of bacteriological examination of nine autopsies, (*Boston Medical and Surgical Journal*, December 12th.)

“These were all uncomplicated cases of diphtheria, in which antitoxin had been administered.

“The method of examination consisted in making cultures on coagulated blood-serum ‘slants’ (Löffler’s mixture) from the lung, liver, spleen, kidney, and the blood of the heart. In all of the cases the bacillus diphtheria was found post-mortum in cultures from the respiratory tract.

“In eight of the nine cases of uncomplicated diphtheria to which antitoxin had been given, the bacteriological examination at the autopsy showed a more or less well marked invasion of the blood by the pyogenic cocci. The results in detail are as follows: In five cases the streptococcus was found in the liver, spleen, kidney and the blood of the heart; and in one case in the kidney and blood of the heart; and in one case in spleen. The pneumococcus (*micrococcus anaeolatus*) was found only infrequently, it being observed in two cases in the kidney, in one of which the streptococcus was also found in the spleen. In the cultures from one case the only organism present was the bacillus coli communis.

“In the lungs of all these cases were found the bacillus diphtheriae, streptococci, pneumococci, and the staphylococcus pyogenes aureus, either alone or in various combinations.



"The presence of the organisms mentioned above, in the various viscera, enables us to better understand the fatal issue in spite of the antitoxin given; for this agent, as stated above, cannot be assumed to act against any other organism than the bacillus diphtheriae." —*American Medical Review, January, 1896.*

---

**THE CAUSE OF FETAL POSITIONS.**—Prof. Murdoch Cameron, in making Caesarean sections, has come to the conclusion, as the result of his experience, that in left occipito-anterior positions the placenta will be found to the right and posterior; that with right occipito-anterior positions it will be found to the left and posterior; that with right occipito-posterior positions it will be found anteriorly and to the left, and so on with the different positions, the anterior aspect of the fetus invariably presenting to the placenta. There is a wise provision of nature in this arrangement, for the child is saved from asphyxia during a long uterine contraction which must necessarily happen were the placenta between the strongly contracting wall and the back of the fetus and subject to the force of the contraction. If this arrangement be constant it would be of some advantage in locating more exactly the placenta for expression by Crede's method. The *New York Medical Journal*, March 21, 1896, in commenting editorially on the paper, says that it will be of great help to operators, if found reliable, in Caesarean section, in selecting the site for the uterine incision so as to avoid the placenta and obviate the loss of blood consequent upon incision into and through it.

---

## DEPARTMENT OF OPHTHALMOLOGY, OTOTOLOGY, LARYNGOLOGY AND RHINOLOGY.

IN CHARGE OF ALBERT E. BULSON, JR., B S., M. D.

Oculist and Aurist for St. Vincent's Orphan Asylum, and the Allen County Orphan Asylum. Professor of Laryngology and Rhinology in the Fort Wayne College of Medicine, Fort Wayne Indiana.

**INDICATIONS FOR AND AGAINST OPERATING FOR STRABISMUS.**—In a paper upon this subject presented before the North Texas Medical Association, by Frank C. Todd, the author called attention to the fact that Strabismus was operated upon promiscuously and without proper preliminary study of each separate case. He quoted instances where cases of convergent strabismus after operation resulted in divergence, and other cases where tenotomies brought no results, good or bad. After considering at length the various factors which enter into the diagnosis and proper treatment of cases of strabismus he concludes as follows:

"1. Every case of strabismus should be thoroughly tested with atropine to determine the effects of the drug upon the squint.

"2. If the use of atropine corrects the squint, no operation will be necessary, for proper fitting glasses will ultimately, if not immediately produce the same effect.

"3. If the condition is only partially corrected by atropinization, the difference in the angle of convergence, or divergence, should be accurately measured with the perimeter to determine how much is to be corrected by operating.

"4. The refraction should be carefully tested by all the means at our disposal, under atropine, and a full correction prescribed in hypermetropia and astigmatism.

"5. The tension of all the eye muscles should be studied to determine which one or ones are at fault.

"6. It should be remembered that it is desirable to get an under-correction when operating for squint, as the results are exaggerated after a few months.

"7. Whenever possible it is best to operate without a general anaesthetic, as the muscular equilibrium is distributed under general anaesthesia.

"8. If a general anaesthetic is administered, care must be taken to do as little cutting as is thought, by preliminary tests, to be sufficient to correct the abnormality."

---

**FILARIA OF THE EYE WITH SPECIMEN.**—At the October meeting of the Berlin Medical Society, Dr. Hirschberg exhibited a worm-filaria loa, which he had extracted from the eye of a negro. It was recognized as the female by its rounded head and pointed tail, and it was found between the conjunctiva and the sclera. The doctor stated that a French physician, Dr. Vigo, while traveling in Angola, had noticed that this worm was frequently present in the eyes of the negroes, and he performed five operations for its removal, two of which were successful. Recently a physician of the French navy removed a similar parasite from the eye of a Congo negro and another physician residing at Gabon observed analogous cases and claims to have found that the worm could migrate from one eye to the other by a subcutaneous route around the root of the nose. This parasite has also been observed in America and in the Antilles at the time slaves were imported. Europeans who reside, or who have resided, in countries where this parasite exists may also be bearers of it. The mechanism of its introduction remains a mystery. It is said that mosquitoes swallow the larvae of this parasite with the blood which they suck, and that they develop in the insects and are then introduced into water. The worm exists in endemic condition from the fifth degree of north latitude to the tenth degree of south latitude on the west coast of Africa.—*Charlotte Medical Journal, February.*



REMARKS UPON ADENOID VEGETATIONS:—In the December number of the *Journal of Laryngology, Rhinology and Otology*, appears the translation of an article by Dr. Y. Arslan, of Padua, which was presented before the Fifth International Congress of Otologists at Florence. Dr. Arslan bases his article upon a large experience in the treatment of adenoids, and especially upon a complete record of over 400 cases. Amongst 4080 patients suffering from affections of the nose, throat or ear, 426 had adenoid tumors in the vault. Of these 69 per cent. had symptoms of nasal obstruction, 37 per cent. had tonsillitis or pharyngitis, 59 per cent. had ear complications, of whom 110 were cases of suppurative otitis and 142 were cases of deafness without suppuration.

He concludes as follows:

- “1. In Italy this condition is fairly frequent.
2. The chief causes are heredity and general affections.
3. Treatment consists in complete removal, and the operation should be completed in one sitting.
4. Ethyl bromide is the best anaesthetic to be used.
5. Ear affections are in a great part due to adenoid vegetations, both during the period of development of the latter and during their retrogression.
6. In all cases where adenoid tumors have been diagnosticated there should be no delay in their removal.
7. Before children are admitted into asylums for deaf and dumb, or similar institutions, they should first be admitted to examination by a specialist.”

---

THE CIGARETTE HABIT:—We re-produce an abstract of a paper by Dr. Mulhall, with discussion, read at the last meeting of the American Laryngological Association, which we take from the April number of the *Buffalo Medical Journal*:

“Chewers, smokers and snuff-takers each derive a special satisfaction from the use of tobacco. Cigarette smokers, from habit of inhaling, derive more pleasure than cigar or pipe smokers. The smoke does not penetrate into pulmonary structure beyond the first division of the bronchi. The smoker used to a certain degree of satisfaction does not find it in either a milder or stronger cigarette or cigar. The feeling experienced is a pleasurable irritation of the laryngeal and tracheal fibres of the pneumogastric nerve. It is a nicotine satisfaction.

“The amount of nicotine absorption varies according to the extent of surface, which in inhalers is three times that of non-inhalers. Three cigarettes have the nicotine strength of one cigar, and there is no reliable evidence to prove that cigarettes are adulterated with opium or other deleterious drugs. Cigarette smoking is a “deadly” habit, because of its frequency. Its effects are analogous to those of giving a drug in small and frequent doses.

"The constitutional effects are those from tobacco in any form, always nicotinism. On the young the results are most pernicious. Locally it may aggravate pre-existing trouble, but it rarely originates any disease. There may result a slight hypermia of the mucosa, or a slight catarrh, with pearly secretion ejected in small pellets with a single slight cough. Once in a while a whistling rale is heard over the bronchi, but only in the case of deep and excessive inhalers.

"Mario, the great tenor, inhaled constantly and between the acts of the opera. Maxwell, the St. Louis murderer, while in prison inhaled forty cigarettes daily, and although he was a nervous wreck his throat did not show signs of disease, as was proven post-mortem."

#### DISCUSSION.

"Dr. Ingals could not accept the doctrine that tobacco did no harm to the throat, as he had seen pronounced tracheal cough in inhalers.

"Dr. Seiler thought the habit of continual spitting was the real cause of the local trouble, as this led to abnormal dryness of the pharynx.

"Dr. Langmaid believed that he could tell by the color of the mucosa of the pharynx if a man smoked or not. Cigars have less effect on throats than pipes, owing to the heat in the stem of the latter and to the relatively larger mass of fire in the bowl. The effect of tobacco in any form on the young was especially destructive of power of consecutive thought. As to Mario, it was notorious that he never really exerted his vocal powers more than once a week. The rest of the time he intoned. As a general thing, tobacco is distinctly deleterious to the finer qualities of the singing voice."

---

## BOOK REVIEWS.

---

**MATERIA MEDICA AND THERAPEUTICS.** A practical treatise with especial reference to the Clinical application of drugs. By John V. Shoemaker, A. M., M. D., LL. D., Professor of materia medica, pharmacology, therapeutics, and clinical medicine, and clinical professor of diseases of the skin in the Medico-Chirurgical College of Philadelphia; physician to the Medico-Chirurgical Hospital, Philadelphia, etc., etc. Third edition, thoroughly revised. Reset with new type and printed from new electrotype plates. Royal octavo, pages, 1108. Extra cloth, \$5.00 net; Sheep, \$5.75 net. Philadelphia, the F. A. Davis Company, publishers 1914 and 1916 Cherry street.

The writer had the pleasure of reviewing the second edition of the above work, and can say, after a thorough examination of the volume now before



him, that it is an improvement in perhaps every regard over the earlier ones. Not the least important change is its presentation in one volume instead of two. The present volume is not inconveniently large nor heavy, and it is certainly an advantage, when one takes it from the shelf, to know that it is all and not a part of the complete work.

The arrangement of the matter is totally different from that which obtained in the second edition. A portion of that which was contained in volume I, (that part relating to pharmacology), constitutes part I of the present volume. The remainder of what was volume I is placed at the end of the volume as part III, the discussion of drugs forming part II, and, of course, comprising the greater share of the volume.

The section of the work devoted to pharmacology and general therapeutics form a very good and very essential guide to the general practitioner. It is a lamentable condition which calls for a table of the Latin terms used in prescription writing, but no one can deny its appropriateness.

The articles on the various drugs arranged alphabetically. The difficulties in the way of classification perhaps justify this, although I confess to a strong liking for the arrangement of drugs into groups based on their physiologic action, and therapeutic uses. The same difficulties with reference to classification, obtain in other scientific subjects as in this one, and this same reasoning which dispenses with it here, would be subversive of it elsewhere. An elaborate tabular classification on the basis of physiologic action would in some measure compensate for what seems to me a positive deficit in this plan. This would have the advantage that a drug could be placed in two or more classes without confession. It is difficult to escape the feeling that the alphabetical arrangement, eminently proper as it is in our encyclopedic work, is less desirable in a systematic scientific treatise. The excellent clinical index at the close of the volume supplies something in this direction, although it cannot fully meet the need above indicated.

The chapter on "Animal Secretions, Extricate and Juices," is a well written presentation of this intensely interesting subject. This field of Therapeutics, is of course yet in its teens, with apparently great possibilities before it. Perhaps diphtheria antitoxin and thyroid extract are the only preparations which can as yet be said to have achieved a generally acknowledged triumph.

Taking the book all in all, it is an excellent resume of that department of medical science of which it treats. A third edition in a few years is sufficient proof that the medical profession appreciate this fact. M.

# FORT WAYNE MEDICAL MAGAZINE.

---

VOL. IV.

MAY, 1896.

NO. 5.

---

## ORIGINAL ARTICLES.

No paper published or to be published elsewhere as original will be accepted in this department.

---

### *THE RELATION OF THE PHYSICIAN TO CRIME AND CRIMINALS.\**

BY B. VAN SWERINGEN, M. D.,

Professor of Theory and Practice, Fort Wayne College of Medicine.

In the year 1864, Louis II was made king of Bavaria. He came of a family in which insanity was hereditary, and his own brother, Prince Otho, became a few years after the elevation of Louis to the throne, so insane that he required restraint and treatment.

Not only was there an hereditary neurotic taint in Louis' ancestry, but early in life he conceived a very warm friendship for a musician, Richard Wagner, whom Nordau says was a masochist, who is said to have exercised a very deleterious and detrimental influence on the already unstable nervous system of the king, and this accompanied by the excesses and license to which his position laid him liable, made his environment play no very unimportant role in developing his disease.

\*Read at the meeting of the St. Joseph County Medical Society Jan. 28, 1896.



His reign was characterized by great extravagance. He erected costly palaces in different parts of his empire to display his own skill in architecture which was considerable. These palaces were entirely unnecessary.

He also developed various delusions and came finally to be recognized as a paranoiac.

Paranoia, as defined by Ireland, is a mental affection of hereditary origin, generally of a slow advancing character, with illusions and hallucinations and delusions, often of persecution or grandeur. Sometimes the varieties of delusion are combined. The emotional faculties are seldom deeply affected and the logical power is the last to suffer, the patient reasoning accurately from false premises. The mental enfeeblement thus does not appear to be very great. In the chronic form, the disease is regarded as incurable.

This paranoia was the disease which affected Louis II, so diagnosed by four very able alienists, upon whose advice Louis was removed to a retired place for treatment and a regent appointed during his absence.

He was allowed considerable liberty at his place of confinement and on one of his daily walks with his physician, Dr. Gudden, as was afterwards thought, he attempted to escape by swimming a lake, but being pursued by Dr. Gudden, he first drowned him, his pursuer, and lost his own life in his attempt at gaining liberty.

The case of Chas. Julius Guiteau, the murderer of President James A. Garfield, is more familiar to us.

He was of Huguenot extraction. His grandfather, Francis Guiteau, had eleven children, one of whom died in infancy. Of the ten who grew up, five are said to have died of consumption. One of them died of this disease in the Bloomingdale Asylum for the Insane. Two of his father's sisters are said to have had attacks of temporary aberration, and one of them had a daughter who was confined in an asylum, and the other, a son who was in a similar institution. Chas. J. Guiteau's own father, Luther Guiteau, although a respected citizen of Freeport, and cashier of a bank there, was insane, or had insane tendencies, if we are to be-

lieve Dr. McFarland, of Jacksonville, Ill., a superintendent of an insane asylum of thirty years experience. According to him Luther Guiteau's themes were metempsychosis and insanity, its nature and causation. His view was that insanity was just what New Testament scripture makes it, mere diabolical possession, and what superior virtue, such as Jesus Christ possessed, could cast it out now, the same as in that instance.

In his letter to Dr. Godding, the superintendent of the government asylum at Washington, McFarland says, "Now while the delusions of father and son prove the opposite of each other in their tendencies, and especially in their results, the fundamental nature of the two is the same—a belief in the power to act by supernatural agency; for this is what C. J. Guiteau's talk amounts to when you sift it out from the chaff of his wild and irrelevant rhodomontade. He has the same fearlessness, defiance and bombast, the same faith in the final outcome, that all the lunatics have who believe themselves divinely led, and so he will be to his last breath."

It is unnecessary to adduce in this place all the evidence which goes to show the insanity of Chas. J. Guiteau. The pressure of public opinion had much to do with influencing some of the expert testimony given at his trial. His conduct while awaiting execution and on his last day was strictly in keeping with his insane (normal) self.

It was at this time that those who thought him feigning looked to see the mask dropped, and sorrow and repentance appear. But no, neither of these; only an insistence that he was in God's hands. No exhibition of fear, no begging for mercy, but a steady hand and eye, a minute and careful execution of the pre-arranged programme, with himself as master of ceremonies.

(For full account of the medical aspects of the case, read "Two Hard Cases" by Dr. W. W. Godding, Boston, 1882.)

Here are two instances, selected, because of their notoriety out of thousands of such cases, which serve to introduce our subject, and which also serve to illustrate the crimes of the insane. Many lunatics have homicidal or suicidal tendencies. It usually happens that as soon as these are manifest, the subjects of them are



very properly confined for the protection of the public and for treatment. But it sometimes happens that their schemes are put into execution and a valuable life lost before their disease is recognized. I venture to say that there is not one of you that does not know of at least one case who has exhibited homicidal or suicidal tendencies and who yet is not placed beyond the power of carrying his diseased impulses and designs into effect.

The relation of the physician to crimes and criminals of this class is apparent. The perpetrator is a patient, not a criminal, and while he should be guarded so as to be unable to repeat his offence or injure anyone else, it is beyond our authority or jurisdiction to inflict any corporeal punishment upon him. The public deserves and should have protection from danger which might arise from the development of a homicidal tendency in any individual.

The difficulty in dealing with this class of criminals arises out of the fact that they are not apprehended early enough or are released from surveillance before cure. Still the principles underlying their treatment are clear enough; only their execution is difficult.

It is with that class of criminals that do not so clearly come under the head of "insane criminals" or the "criminal insane," that biologists have most trouble in upholding their theory. The argument of this school is, in the words of Benedikt, that "the brains of criminals exhibit a deviation from the normal type, and criminals are to be viewed as an anthropological variety of their species, at least among the cultured races."

There can be but little doubt but that this is true in the case of a great number of criminals. I have had enough experience with degenerate youth to enable me to confirm this statement with regard to defectives. We find many cases where the tendency to crime is distinctly hereditary. We also find many examples of young criminals, the offspring of normal parents, in whose remote ancestors a criminal record is found. This is called atavism or the reversion to ancestral types, and is advanced as an all-sufficient explanation of criminality by some of the criminal anthropologists.

But there are other degenerates, in which no such hereditary history is obtainable and where in fact it is absolutely wanting, and in whose personal history the beginning of the degeneracy dates from an attack of some acute disease, as Scarlatina or the like. Up to the time of infection the child may have been as promising as could have been desired. After the disease had done its devastating work, the mental processes, almost completely obliterated by it, only slowly reacted, imbecility was manifest and some peculiar manifestation of crime developed. These cases are sufficiently frequent to be known of all professional men. They can not be differentiated, without the history, from those who have been born with a marked tendency to crime, as the kleptomaniac, and this may be advanced as an argument in favor of the presence of distinct cerebral change in all of this class of criminals. The disease may be one of intrauterine origin.

That all criminals do not belong to this class of degenerates must be apparent to all, and this brings us to the question of their classification. This has been done, based upon different principles. The two principal systems of classification are the etiological and the symptomatic. The former groups criminals in accordance with the estimate formed of the extent to which particular causes have operated upon them to induce the commission of crime. The latter takes cognizance of actual manifestations of the criminal disposition,—anatomical, physiological, and psychical.

The hereditarians naturally divide all criminals into two great groups, those in whom crime is the result of Atavism or directly hereditary, and those in whom it is not. The latter are accidental criminals or "criminals of occasion" according to Lombroso.

Sociologists divide this latter group again into two: those in whom the criminal impulse is self-generated and those in whom it is developed by external circumstances and temptation.

The criminal born, the insane criminal, the criminal of occasion, the criminal of passion, and the habitual criminal, is the classification of Ferri. These are descriptions rather than a true classification since the insane criminal and the habitual criminal



are often criminals born. (F. H. Wines, "Retribution and Punishment.")

Now in regard to the treatment of these criminals, it is apparent that all of them are not amenable to the same measures. There are but three methods which can be suggested, namely, retribution, reformation or elimination.

The whole system of criminal law is based upon the first of these methods, retribution. As Austin Flint puts it in his presidential address before the New York Medical Association last October: "The existing system of criminal law is based upon the ancient idea of vengeance and retaliation in the form of what is known as punishment."

This spirit is unworthy the civilization of the twentieth century. Crime should not be punished merely for the pleasure of punishing. And no method of dealing with crime can have any measure of equity in it which does not take into minute account the condition of the criminal, his hereditary tendencies, his acquired tendencies to disease either of body or mind, and the effect a given punishment will have upon him. The biologists believing all crime to be the result of disease would therefore have all criminals treated by the physician.

In the study of this subject much confusion is likely to arise in consequence of our individual ideas of the meaning of the word crime. If the biological school includes, as coming under the physician's care, every violation of any law which may be upon our statute books, they would have a great many patients, for crimes change. What constitutes a crime to-day may not do so after the next session of the legislature. The common act of prosecuting business on Sunday a few years ago and even yet in most, if not all states, is a crime, yet the perpetrators are not generally held to be insane or imbecile, or fit subjects for treatment by the biological school of criminal anthropologists.

Crime is not a fixed quantity; it has no abiding boundaries or limits hewn out of adamant to endure for all eternity. It is vacillating; it is variable. And neither is crime committed by an organism made according to mathematical rules from material of certain specified strength and dimensions. If all this were

true then it would follow, "as the night and the day" that retaliation would be a just method of dealing with offences against society.

But again, if these things *were* so, we would have no crime. But it follows that vengeance and retaliation should not be used upon one who is born criminal, an insane criminal, or an habitual criminal, and thus it follows that the punishment of this class of defectives should be under the supervision of men who have been educated in psychology.

The criminal of passion may, in certain cases, be included. He can be taught self-control, that quality which he lacks either by reason of an hereditary defect or by reason of the fact that he has never exerted himself to exercise it, which latter must be the fault of his environment. He is never a permanent enemy to society. Criminals of passion generally commit their crimes against the person as rape, homicide, etc. Those of occasion may be against the person or property.

With a physician or one educated in psychology sitting in judgment upon criminals, these defectives could be more justly separated from those criminals of occasion who commit crime with a full comprehension of the wrong they are doing and of its penalties, but who do it deliberately for their own aggrandizement, and reformation, if thought feasible, might be attempted.

A combination of these two methods is attempted in most of our penal institutions at the present time, and is known as the Elmira system. It contemplates retribution in the form of deprivation of personal liberty, and compulsory labor, and reformation by education along those lines which appear indicated by the character of the prisoners defect or predelection for crime.

Elimination as a method of dealing with crime and criminals is one, on which more thought is being expended every year. It unfolds itself into a question of vast importance and magnitude. It is, in other words, the prevention of crime.

Flint says, "jurists, so-called lawyers and those who execute the law have failed. In my opinion the only hope is in the medical profession."



Porter, in the Fort Wayne Medical Magazine, has called attention to a method, previously advocated by others, notably Hunter McGuire, G. Frank Lydston, of dealing with criminals which looks chiefly to this end (prevention) namely, castration.

It has other objects as well which are, vengeance and a restraining influence from fear of incurring the same punishment. It would not be applicable, as a just measure at least, to any but defects, hereditary degenerates.

Society has the right to say, I think, what class of people shall be born, and this leads to the proposal of another means to the same end, the regulation of marriage. By this means after the lapse of time castration or spaying would be rendered needless as a measure for the prevention of crime, Society has as much, if not more, right to say who shall bring forth children, as it has to say who shall be quarantined.

We do not knowingly expose ourselves to notoriously contagious diseases and we should not knowingly expose ourselves to acts of violence and a great expense, by rearing defects, degenerates and insane. I say "great expense" advisedly, for be it known to you that in some localities the expense to the state for the care of its insane is greater than that for the schools and almost equal to the entire other expense of the state. (Clark Bell, Esq., N. Y.)

A combination of castration and spaying, and regulation of marriage, would operate more speedily than anything else to remove these degenerates from the likelihood of reproducing their kind. It would do more. If an officer to every 500 or 1,000 of population, were to forbid marriages which would result in grafting neurotic taint upon neurotic taint in the child, or phthisis upon phthisis, or syphilis upon syphilis, etc., we would see the effect in one generation, in a sturdier, healthier race of men.

These measures of course would not eliminate those cases which arise by reason of the result of acute disease or other accident, nor would it make any difference whether it did or not because accidents are not transmissible to the offspring.

There are, of course, men who have given this subject a great deal of close study who hold different opinions. As illustrative

of a layman's views, I may be allowed to quote from F. H. Wines' "Punishment and Reformation," who, while he criticizes the sociological school, is more nearly identified with them than any other.

"Hereditary causes of crime are as completely beyond our control as are the cosmical. But heredity is a continuing influence, with an outlook in the direction of the future as well as of the past. It has therefore been supposed by some earnest and well-meaning people that crime could be sensibly diminished by the perpetual isolation of the habitual, hardened offenders, or even by a resort to an obvious surgical operation. This notion is founded upon the belief in a criminal anthropological type, which is not proven. If such a type in fact exists, the difficulties in the way of a judicial determination of the question whether any convict who may be named does or does not constitute a member of a hereditary criminal group, would be almost, if not quite, insuperable. It is not to be supposed that the determination of this question could be left to the authorities in charge of the prison, nor even to a commission of medical experts. This is a point at which great consideration must be shown for the individual rights, not only of the convict, but of his possible posterity. Any violation of these rights, even if authorized by statute, would bring about a violent and dangerous reaction. There are slight indications of a tendency on the part of so-called science to invade the domain of personal and private freedom, similar to the encroachments upon the same domain in past ages in the name of religion. But the evils of an exaggerated ecclesiasticism are no greater than would be those of a scientific hierarchy, if it were possible to organize it."

Much criticism can be made on this paragraph from a medical point of view, and this I leave for the discussion to bring out.

In conclusion I may say with Austin Flint, the only hope for a judiciary which only approximates perfection lies in the medical profession and it would be a priceless boon to coming generations were we forced, as I verily believe we will be, to the adoption of some such measures.



*PATHOLOGY AND TREATMENT OF ENDOMETRITIS.*

BY DR. FRANK P. NOURSE,

Alexandria, Ind.

Surgeon to the Alexandria Hospital, etc.

GENTLEMEN :—In compliance with custom, I am called upon, as president of this society, to address you upon some topic of general professional interest, and accordingly have chosen as my subject, endometritis and its rational treatment, based upon personal conceptions and practices. Before entering upon the discussion proper of my subject, a review of the anatomy of the structures especially implicated in this disease may not be out of place.

Taking it for granted that you are all familiar with the general anatomy of the uterus, I will merely touch upon a few points by way of emphasis. The external os—normally a circular opening about one-eighth inch in diameter—forms the beginning of a fusiform canal one inch in length, which terminates in another constriction slightly narrower than the first—the internal os—leading into the uterine cavity. This canal is lined with ciliated columnar epithelium, the hair-like projections from which are constantly undergoing vibratory motion. The special purpose of this motion seems to be to aid in the outward flow of the uterine secretions and to resist invasion from below. The uterine cavity is lined with a similar but much thinner membrane, which is everywhere studded with the open mouths of the utricular glands, which secrete a thin mucus that serves to keep the membrane moist and to lubricate it.

I shall in this paper assume that all inflammations of the endometrium—as elsewhere—are septic. That it is the introduction of germs that initiates true inflammatory action. I shall assume that until the germ becomes a factor, there may be simple congestion with more or less effusion, an engorgement of the blood vessels and a pouring out of liquid into the surrounding structures engendering, if you please, swelling, pain, tenderness, and a local increase of heat ; but that there is and can be.

no *true inflammation*. Should one at this stage employ the proper depletive measures, relief would be almost immediate. The distended blood vessels regain their normal size, the effused material is promptly absorbed, and as a result the pain, tenderness and increase of heat disappear. How different the picture if the condition is allowed to continue until living pus organisms gain the cavity. The secretions of a healthy endometrium inhibit or prevent germ growth. This fact, the active flagillations of the cilia, the current caused by the outflow of the secretions through the relatively long and narrow cervical canal, the limited motions of the invading germs explain the normal sterility of the uterine cavity, but in the condition just described, with all of these safeguards gone or greatly impaired, it is just as easy to see that infection is inevitable if the condition be allowed to continue. The first step in this infection is brought about through the checking of the current of out-flowing mucus, thus furnishing a stationary column leading through the cervical canal into the uterus, through which the germs can readily work their way. During uterine congestion, its lining membrane, as well as that of the cervix, becomes thickened, causing it to encroach upon the lumen of the canal until the natural drainage is in part or wholly arrested, and all the natural forces aiding this process are rendered inactive. At the same time the utricular glands show an increased activity, but instead of secreting merely a moisture, mucus is poured out in large quantities, accumulation takes place until the uterine cavity is filled, when contractions are excited. In other words, drainage, such as it is, is effected entirely by force from behind.

After a brief period the secretions become thicker, and loaded with cast off epithelia. This material clings to the surface with a wonderful tenacity and is removed only by the use of considerable force. This mucus coating is continuous throughout the uterine and cervical canals and at the external os becomes easily effected, being a particularly alluvial soil for microbic development. It is now easy to see how by their rapidly increasing numbers, the bacteria can crowd themselves



throughout the full extent of this surface, thus establishing a *true inflammation* to be followed by permanent tissue changes.

The cavity of the uterus is soon converted into more or less of an abscess, filled with vitiated mucus, cast off epithelia, shreds of disintegrating membrane and pus.

With laceration of the cervix, germs enter the cavity much more easily, since the tear destroys the integrity of the canal and renders the distance shorter through which germs have to travel. No sort of treatment can be of permanent benefit that does not seek to fully restore the integrity of the canal.

Aside from the mode of infection I have outlined, it is certain that it may occur as the result of manipulations during labor, resulting ultimately in what we call subinvolution ; a condition I believe to be due always to an antecedent infection.

The degree and extent of inflammation in any given instance, will be proportionate with the virulence of the invading organism and the character of the tissues so invaded.

Congenital cervical stenosis, of which we hear a considerable, I believe to be extremely rare. The majority of cases usually so interpreted, I believe to be simply instances of cicatricial induration and contraction following old endocervicitis or endometritis.

#### TREATMENT.

I shall not attempt to review or discuss the many and varied methods of treating this condition, that have from time to time found their way into professional literature, as an attempt to do so would fill a library without yeilding much of real value.

The tendency of the present day is to narrow down therapeutic measures to more definite, exact lines, in many instances sweeping away altogether the older methods of treatment. Formerly the symptoms of this disease were regarded as pathological entities, and remedial measures were directed toward their relief rather than toward the relief of the primary trouble, and as the natural result any relief that was obtained was short-lived. Uterine inflammation of any sort, or in any stage, used to be treated by glycerin or iodine tampons, hot irriga-

tion, cervical scarification and the administration of calomel or salines. Such treatment is proper and efficient so long as the stage of simple congestion is not passed, even then it may prove a useful auxiliary to more radical treatment, but cannot take its place. In the first instance the congestion itself constitutes the malady, but after the introduction of the pus organisms and the initiating of a true inflammation, such measures can at best but palliate, and never cure the condition. No amount of depletion, of simple irrigation, or purgation will remove the cause and thus give permanent relief. The rational treatment of this condition then, whether the infection be glandular or interstitial, whether or not we have a true metritis as the result of the above agencies, resolves itself into, sterilization of the endometrium.

The introduction of iodine by means of a cotton applicator was, and in many quarters to-day is, a popular method of treatment, but experienced men regard it as totally inadequate, and it must be so since by the time the cotton reaches the fundus it is devoid of the drug. Another objection to this plan of treatment is to be found in the fact that iodine thus applied does not penetrate to a sufficient depth to accomplish the desired result. If one uses the stronger agents such as chloride of zinc, the destruction of tissue is apt to be too great, and instead of a normal membrane you have a cicatricial structure, which will not improve the condition to any great degree. Carbolic acid (95 per cent.) comes nearer to meeting the indications than any single agent with which I am acquainted, but this cannot be fully depended upon. The treatment that I have found most effective and that I have grown to depend upon is curettment, irrigation and packing

I prepare the patient for operation by hot vaginal douches night and morning for perhaps a week in advance. On the morning of the operation I personally scrub out the vagina with hot water and soft soap. I then mop out the cervical canal with a strong sublimate solution, and dilate it sufficiently to permit of ready manipulation within the uterine cavity of a sharp curette.

With this I carefully go over the entire surface scraping loose and bringing away all the softened membrane and shreds



of tissue. I now irrigate the cavity carefully with a 1-2000 hot sublimate solution, through a curved glass nozzle that I make myself for the purpose. The cavity is now closely packed with strips of iodoform gauze, the vagina loosely packed with the same and the patient put in bed. On about the third day the gauze is removed, the uterine cavity freely irrigated, dried and mopped out with 95 per cent. carbolic acid, after which a few shreds of gauze are again introduced to insure drainage, and the vagina loosely packed. The reason that I do not apply the carbolic acid at the time of the operation is that after the curette is used, the cavity fills with blood and any amount of irrigation fails to check it, so that at this time it is impossible to apply the acid so that it will come in contact with every part of the surface, but after it has been packed a few days and the packing is removed, an open clean cavity presents, every point in which can be touched. One treatment of the sort I have described usually suffices for a cure, provided—and this is one of the most important factors of success—provided complete asepsis has been maintained. To insure success it is necessary to keep the vagina sterile for at least a month. This is effected by keeping it loosely packed with gauze, and when the dressings are made, irrigating the vagina with 1-4000 sublimate solution. This treatment entirely removes the membrane, and it takes about sixty days to reform, after which it is able to protect itself, since the secretions of the normal membrane is microbicidal.

If there exists a tear of the cervix, it will be necessary to remedy it before a permanent cure can be obtained. Do not, however, attempt the repair of the cervix until the endometritis is at an end, since if you do you close up the uterine cavity with its germs and inflammation and its subsequent treatment is much more difficult than it otherwise would be. First restore the endometrium to its normal sterile condition, then repair the cervix and you can confidently expect a complete and permanent recovery.

There is but one contra-indication to this operation, but that is so important that it must under no circumstances be overlook-

ed. I refer to the co-existence of salpingitis. The logic of the operation just described resides in the fact that by it we remove the fountain-head of the infection. It must be evident to all that if there be pus in the tubes any manipulation we may make in the uterine cavity fails to do this. Again, the manipulation of the uterus necessary to a thorough curettment is likely to either cause a rupture of the tube or an escape of pus from its free extremity, setting up in either event dangerous, if not fatal, infection of the peritoneum.

---

## SOCIETY PROCEEDINGS.

---

### INDIANA STATE MEDICAL SOCIETY.

The following is the complete program of the approaching Forty-seventh Annual Meeting of the Indiana State Medical Society to be held in the Plymouth Congregational church, Fort Wayne, Thursday and Friday, May 28 and 29. Indications point to a large attendance and a most profitable and enjoyable meeting. Fort Wayne never does things by halves and this being her first opportunity to entertain the State Society visitors may be sure of a hearty reception and royal good time. All regular physicians, whether members of the Society or not, are invited to the sessions and to take part in the discussions:

### MORNING SESSION.

FIRST DAY.

THURSDAY, MAY 28.

9 A. M.

---

Call to Order by President.

Invocation, . . . . . Rev. Jas. S. Ainslie

Addresses of Welcome by Hon. Henry P. Scherer, Mayor of Fort Wayne,  
and Dr. H. V. Sweringen.

Roll Call.

Report of Committee on Arrangements, . Albert E. Bulson, Jr., Fort Wayne

Report of Committee on Publication, . . . A. W. Brayton, Indianapolis



Report of Secretary, . . . . . Kent K. Wheelock, Fort Wayne  
 Report of Treasurer, . . . . . J. O. Stillson, Indianapolis  
 Report of Committee on Necrology, . . . . . Jas. F. Hibberd, Richmond  
 Report of Special Committees.  
 Miscellaneous Business.

## PAPERS.

1. Placenta Previa, . . . . . H. M. Smith, Vincennes  
 Discussion opened by  
 B. Van Sweringen, Fort Wayne.  
 Louis C. Burckhardt, Indianapolis.
2. The Surgical Treatment of Abortion, . . . . W. H. Link, Petersburg  
 Discussion opened by  
 M. I. Rosenthal, Fort Wayne.  
 J. S. Boyers, Decatur.
3. The Vaginal Douche in Obstetrics, . . . . G. B. Stemen, Fort Wayne  
 Discussion opened by  
 J. C. Knight, Jonesboro.  
 J. A. Clevenger, Garrett.
4. The Future of Obstetrics, . . . . . Mary A. Whery, Fort Wayne  
 Discussion opened by  
 Luella Derbyshire, Fort Wayne.  
 H. V. Passage, Peru.
5. Hydrocele and Varicocele, . . . . . J. Link, Terre Haute  
 Discussion opened by  
 H. D. Wood, Angola.  
 John L. Short, LaGrange.

## AFTERNOON SESSION.

FIRST DAY.

THURSDAY, MAY, 28.

1:15 P. M.

Executive Session.

Report of Committees.

## PAPERS.

1. The Abuse of Water in Surgery, . . . . . Edwin Walker, Evansville  
 Discussion opened by  
 Fred J. Hodges, Anderson.  
 Allison Maxwell, Indianapolis.

2. Etiology of Diseases Peculiar to Women, . Martha J. Smith, Indianapolis  
     Discussion opened by  
     J. C. Sexton, Rushville.  
     G. L. Greenawalt, Fort Wayne.
3. Cranial and Intercranial Injuries, . . . W. H. Myers, Fort Wayne  
     Discussion opened by  
     I. N. Trent, Muncie.  
     J. W. Marsee, Indianapolis.
4. Diffuse Pelvic Inflammation, . . . L. H. Dunning, Indianapolis  
     Discussion opened by  
     Joseph Eastman, Indianapolis.  
     H. T. Montgomery, South Bend.
5. Perineorrhaphy and Perineoplasty, . Herman A. Duemling, Fort Wayne  
     Discussion opened by  
     Frank C. Ferguson, Indianapolis.  
     F. P. Nourse, Alexandria.
6. A Plea for Preliminary Iridectomy in Cataract Extraction,  
     David W. Stevenson, Richmond  
     Discussion opened by  
     A. F. Shafer, South Bend.  
     Kent K. Wheelock, Fort Wayne
7. An Epidemic of Trachoma, . . . George F. Keiper, Lafayette  
     Discussion opened by  
     Albert E. Bulson, Jr., Fort Wayne.  
     J. P. Worrell, Terre Haute.
8. Black Cataract; Report of a case . . . J. O. Stillson, Indianapolis  
     Discussion opened by  
     J. M. Moulder, Kokomo.  
     Adolph Blitz, Indianapolis.
9. Intubation, . . . J. W. Brunker, Riley  
     Discussion opened by  
     Lewis C Kline, Indianapolis.  
     H. E. Greene, Crawfordsville.
10. The Medical Act of Indiana, . . . William P. Whery, Fort Wayne  
     Discussion opened by  
     Norman Teal, Kendallville.  
     A. E. VanBuskirk, Fort Wayne.
11. Expert Evidence and Coroners, . . . George R. Greene, Muncie  
     Discussion opened by  
     W. F. Carson, Huntington.  
     John Dancer, South Milford.



## EVENING SESSION.

FIRST DAY.

THURSDAY, MAY, 28.

7:15 P. M.

---

Music—Overture, "Raymond" (Thomas) . . . . . Reineke's Orchestra  
 President's Address, . . . . . Miles F. Porter, Fort Wayne  
 Address on Bacteriology, . . . . . Theodore Potter, Indianapolis  
 Music—Selection, "Brigands," (Kerker) . . . . . Reineke's Orchestra  
 Address on Medicine, . . . . . B. Van Sweringen, Fort Wayne  
 Address on Surgery, . . . . . Fred J. Hodges, Anderson  
 Music—Waltz, "Espanita," (Waldteufel) . . . . . Reineke's Orchestra  
 Adjournment to a Reception at the Fort Wayne Club.

---

## MORNING SESSION.

SECOND DAY.

FRIDAY, MAY 29.

9 A. M.

Executive Session.

Retirement of Committee on Nominations.

Reports of Special Committees.

## PAPERS.

1. The Common Use of Glasses, . . . . . F. C. Heath, Indianapolis  
 Discussion opened by  
 D. A. Thompson, Indianapolis.  
 C. D. Goodrich, Elkhart.
2. The Auto-Activities of the Human Body, . . . . . Jas. F. Hibberd, Richmond  
 Discussion opened by  
 G. W. H. Kemper, Muncie.  
 E. L. Larkins, Terre Haute.
3. Cerebral Arterio-Sclerosis and Apoplexy, . . . . . A. E. Sterne, Indianapolis  
 Discussion opened by  
 T. J. Bowles, Muncie.  
 T. C. Kennedy, Shelbyville.
4. Diagnosis of and Treatment of Meningeal Hemorrhage,  
 G. W. McCaskey, Fort Wayne  
 Discussion opened by  
 F. W. Shaley, Terre Haute.  
 G. H. Grant, Richmond.

5. Human Physiology in Its Relation to Biology, . Guido Bell, Indianapolis  
Discussion opened by  
A. P. Buchman, Fort Wayne.  
Geo. F. Beasley, Lafayette
  6. Epilepsy: Its Causes, Pathology and Treatment,  
Delia E. Howe, Fort Wayne  
Discussion opened by  
W. B. Fletcher, Indianapolis.  
S. E. Smith, Richmond.
  7. Inter-Cranial Lesions with Paralysis of Several Cranial Nerves,  
J. L. Masters, Indianapolis  
Discussion opened by  
H. M. Lash, Indianapolis.  
J. S. Hardy, Lebanon.
- Report of Committee on Nominations at 12:15.

---

### AFTERNOON SESSION.

SECOND DAY.

FRIDAY, MAY 29.

1:30 P. M.

- 
1. Modern Views on Matrimonial Sterility, . H. O. Pantzer, Indianapolis  
Discussion opened by  
C. A. Daugherty, South Bend.  
S. D. Beavers, Decatur.
  2. (a) Modern Problems Concerning Tuberculosis,  
Theodore Potter, Indianapolis  
(b) Some Sanitary Questions Concerning Tuberculosis,  
Frank B. Wynn, Indianapolis  
(c) Is Consumption Ever Curable? . . . . John B. Fattic, Anderson  
Discussion opened by  
Douglas C. Ramsey, Mount Vernon.  
W. F. Batman, Ladoga.
  3. (a) Oscillations in and Evolution of the Present Treatment of  
Typhoid Fever, . . . . . O. A. Rea, Marmont  
(b) The Therapeutics of Typhoid Fever,  
J. A. Goldsberry, Bloomingdale  
Discussion opened by  
J. L. Gilbert, Kendallville.  
C. S. Bond, Richmond.  
E. J. McOscar, Fort Wayne.



4. Diphtheria and Membranous Croup—Collective Report of 132 Cases,  
E. L. Larkins, Terre Haute  
Discussion opened by  
W. J. Fairfield, Anderson.  
Paul J. Barcus, Crawfordsville.
5. The Diagnosis of Cancer of the Stomach, . N. J. Kithcart, Columbia City  
Discussion opened by  
T. E. Parr, Jolietville.  
J. H. Wilson, Plymouth.
6. Diabetes Mellitus: Its Modern Treatment, . . Carl Proegler, Fort Wayne  
Discussion opened by  
P. H. Veach, Staunton.  
E. C. Loehr, Noblesville.
7. Oxygen Inhalations in Pneumonia, . . . . W. Schell, Terre Haute  
Discussion opened by  
B. S. Hunt, Winchester.  
J. C. Gifford, Brazil.
8. The Management of Purpura Hemorrhagica,  
G. B. M. Bower, Fort Wayne  
Discussion opened by  
J. W. Rucker, Shelbyville.  
C. J. Keegan, Canal.
9. The Practice of Medicine in the Light of Bacteriology,  
H. C. Hume, Terre Haute  
Discussion opened by  
W. S. Williams, Kendallville.  
F. M. Wells, Charleston.
10. Some of Our New Therapeutic Resources, . . S. H. Havice, Fort Wayne  
Discussion opened by  
P. Drayer, Hartford City.  
L. H. Cook, Bluffton.
11. The Relationship of Pathogenesis, Morbid Anatomy and  
Diathesis, . . . . . H. H. Weer, Bluffton  
Discussion opened by  
G. T. McCoy, Columbus.  
Chas. Angell, Pittsburg.
12. Drawbacks to the Financial Success of the General Practitioner,  
T. F. Leech, Crawfordsville  
Discussion opened by  
William Flynn, Marion.  
Theodore F. Wood, Angola.

## BID FOR THE STATE MEDICAL SOCIETY.

TERRE HAUTE, IND., April 2, 1896.

*To the Officers and Members of the Indiana State Medical Society:*

MESSRS: WHEREAS, In 1895, the meetings of the Indiana State Medical Society were made migratory for the avowed purpose of interesting a greater number of the profession in its work, and

WHEREAS, The meeting of 1896 will be held in the city of Fort Wayne, and thereby accommodate the profession of the north and east part of the state particularly, and

WHEREAS, The profession in the south and west part of the state desire that the same courtesy be extended its members, and

WHEREAS, The city of Terre Haute being favorably situated in this respect, and by reason of its great railroad facilities, easy of access from all directions, and the members of the profession and the citizens of the said city, being desirous of entertaining the members of the Indiana State Medical Society, therefore be it

*Resolved*, That the Vigo County Medical Society hereby invites you to meet in Terre Haute, at the Annual Session in 1897.

The foregoing was adopted and the Secretary instructed to have printed and mail a copy, under the seal of the Society, to the Secretary of each County Society in the state.

---

SIMILIA SIMILIBUS CURANTUR.

They found a man who, drugged

And robbed, was suffering pain,

They called a doctor and the man

Was drugged and robbed again.

—*Detroit Tribune.*



# Fort Wayne Medical Magazine.

---

VOL. IV.

MAY.

NO. 5.

---

## EDITORIAL STAFF:

ALBERT E. BULSON, JR., B. S., M. D., MANAGING EDITOR,  
19, 20, 21 Pixley-Long Building.

MILES F. PORTER, A. M., M. D.,  
47 West Wayne Street.

GEORGE W. MCCASKEY, A. M., M. D.,  
107 West Main Street.

BUDD VAN SWERINGEN, M. D.,  
26 West Wayne Street.

FRED J. HODGES, B. S., M. D.  
Anderson, Indiana.

---

A Journal of Medicine and Surgery, Published between the 1st and 10th of every month. Price, \$1.00 per Year, Postage Paid.

This Journal is devoted entirely to the advancement of medical science. Essays, Clinical Reports and Personal Communications of a medical nature are solicited. All Contributors are responsible for their own utterances.

All Communications, Subscriptions and Books for Review should be addressed to the Editor of THE FORT WAYNE MEDICAL MAGAZINE, 21 Pixley-Long Block, Fort Wayne, Indiana.

---

## EDITORIALS.

### MEETING OF THE INDIANA STATE MEDICAL SOCIETY.

On another page of this number we publish the programme of the coming meeting of the Indiana State Medical Society. It is safe to say that never in the history of the society have we had a programme which promised so much, and it is confidently expected that the members will not be disappointed in any particular with the results of the Fort Wayne meeting. Every regular physician in the city of Fort Wayne is a committee of one to see that visiting members are entertained in a royal manner, and we have been assured that visitors can depend upon the spirit which is manifested in the familiar but perhaps inelegant expression, "If you don't see what you want, ask for it and it will be granted."

Reports from various parts of the state warrant us in believing that the attendance will be unusually large and representative. The Secretary, Dr. K. K. Wheelock, informs us that sixty county societies have reported, and that up to the present time nearly \$1,300 have been paid in as dues. This is by far the best report that has ever been turned in by any Secretary, taking into consideration the amount of money received as dues, and we can appreciate the fact that this has been accomplished through the active work of the Secretary. We are sorry to say that ten county societies have not only failed to report, but have not even acknowledged receipt of four separate communications sent for the avowed purpose of calling attention to the By-Laws, which provides that all reports must be sent in thirty days before the annual meeting. It is expected that several of these delinquent counties will file their report at the last minute, and the Secretary informs us that in all probability the membership of the state society will number something over 1,400 at the time of the meeting, and that at the close of the meeting he will be able to turn over to the Treasurer over \$1,400 as membership fees. Some of the physicians in counties that should report have written that it is absolutely impossible to obtain a meeting of the county society, and frankly acknowledge that society interest is dead.

It is to be regretted that the physicians of any county will so far forget their duty to themselves and to their profession as to become delinquent in the matter of professional advancement, and we earnestly hope that with the migration of the state society, which we trust will be fully established, the various sections of the state will become sufficiently interested to ask for the meetings of the state society, and that in this way county societies will not only be fostered, but thrive as never before.

That district, county, city or town which has an active medical society is distinguished by enterprising and progressive physicians, and without the broadening influence of a live medical society any physician will sooner or later not only be left behind in the advancement of intelligence, but fall into that apathetic attitude characterized by carelessness and ignorance.



For several years the state society has been losing in interest, as evidenced by the limited and non-representative attendance. For this reason we advocated migration, believing that the society itself would be benefited by going into the various sections of the state, and well knowing that the profession at large would receive benefit through the increased interest developed in the various sections as a result of the state society meetings.

There are members of the state society living in the northern part of the state who never attended a meeting of the society, but who will be present at the Fort Wayne meeting and perhaps become sufficiently interested to become a constant attendant at future meetings. The same holds true with every other portion of the state, and even if these men never attend a meeting except when it is near at home, it is better than it would be for them to attend *no* meetings. Again, their occasional attendance may be the means of enlisting them in the work of their county society when other wise they would pay no attention to their home organization.

We hope the delegates will see the importance of continuing migration, or at least be impartial enough to give it a fair test. Every one of our neighboring states has a migrating state society and pronounce migration a success. Let us profit by their example. If we do not meet with success we can return to the old plan.

Terre Haute and Peru have applied for next year's meeting. While willing to go to either city, we believe that Terre Haute, from her size, location and professional interest, is entitled to the 1897 meeting. However, either city, or a half dozen others that we can name can entertain the state society handsomely and we would be glad to go to any of them. Meanwhile, remember that Fort Wayne entertains this year and she extends a warm welcome.

B.

**SCARLET FEVER AND DIPHTHERIA HOSPITALS.**

We have on several occasions spoken in the *Magazine* of the great advantages to be derived from the establishment of contagious disease hospitals in all cities, and especially urged the establishment of one in this city. We urged the establishment of these hospitals particularly for pay-patients. Not that the dependent should be neglected, for they also should be provided for in the same way; but for the reason that those who could and would pay would be the ones who would most appreciate and consequently patronize such institutions.

That the establishment of such hospitals by the government, state or municipal, is from every stand-point desirable there can be no doubt. A bill to establish, for pay-patients, a hospital for scarlet fever and diphtheria in New York City passed the senate at Albany, April 2d. We predict that it will not be long until all cities of the United States will have hospitals of sufficient capacity and so built as to accommodate all cases of contagious diseases of whatever kind for which admission is asked. A properly constructed room can be perfectly disinfected in less than twelve hours. Such a room may be vacated one day for instance by a small-pox patient and occupied the next by a scarlet fever patient without the least risk.

P.

---

**ROENTGEN'S RAYS IN OBSTETRICS.**

Prof. Pinard, of Paris, and his associates, have succeeded in photographing the contents of a pregnant uterus from a cadaver by means of the cathode rays. The Paris correspondent of the *Medical Record* says that the womb measured two and one-quarter inches in its greatest thickness which the X rays traversed. The photograph presented four capital points: 1. The silhouette of the body of the uterus with its annexes. 2. The muscular wall. 3. Light in the dark frame, the uterine cavity. 4. The silhouette of the foetus glued to the uterine wall in the superior right hand portion of the cavity.

With this much accomplished and experiments still in active progress, we need not be startled to hear of the regular employ-



ment of the photographing apparatus as a means of diagnosis in obstetrical practice. It may become so exact after a time as to do away with pelvimetry. It may indeed become the fashion for each parturient to present the doctor on his arrival with a life-size likeness of her own pelvis, with its measurements already made, and also a likeness of the coming duke or duchess, his or her position, not in society, but as regards latitude and longitude and the relation maintained to the maternal parts, together with the dimensions of its various parts, and its points of excellence or defect clearly shown. He may indeed be shown a series of skiagraphs whose study may be interesting as regards the development of the embryo. He need be no longer in doubt as to the presence of twins, triplets, or four of a kind (that beats two pair, we believe.) He will even be apprised of the exact location of the placenta. With all these facts in his possession, he will set down to determine the probability of certain fetal diameters being opposed to certain maternal diameters and by digital examination ascertain if that be the case. Then he will know better *when* to apply the forceps and *when not* to interfere. He may have time to ponder over the woeful ignorance of obstetricians of ten or twenty, it may be, years ago, who labored without the advantages that now seem possible. It may be, however, that women will have their babies in much the same old way after all.

S.

---

#### DR. RUBIN'S AVARICE.

We are in receipt of a circular letter from an interior Indiana town, signed by B. Rubin, M. D., offering "an exceedingly valuable formula for the treatment of acute and chronic diarrhoea and dysentery," which will be furnished, together "with detailed treatment," on receipt of two dollars. Said treatment has "been used successfully in Germany, Russia, Sweeden and America" by the fame-seeking Dr. Rubin, and he not only vouches for it but guarantees that there is no known treatment in the world equal to it. We naturally suppose that the self same Dr. Rubin has an infallible cure for gonorrhoea and lost manhood, and that upon receipt of an additional five dollars he will not only give up

the formula but inform his luckless victim that "as it is quite difficult if not next to impossible to get pure drugs for the compounding of such an important prescription, it is best to send direct to the originator of the formula, who alone has the facilities for obtaining the unadulterated article."

With all due respect to the formula, which, like Dr. Quackem's never-fail consumption remedy is guaranteed to "produce results" (which we do not doubt), we wish to inform said Dr. Rubin that he counts too much on the gullibility of the average physician if he thinks two dollar bills come so easily that doctors will tumble over each other in their mad scramble to be first with their orders for the formula of the kill or cure diarrhoea mixture. We have been "taken in" by many schemers but never by one of Dr. Rubin's stamp, and we hope that none of our professional brothers will so far forget their professional training and obligations as to encourage this form of leeching, which has no other object than the fattening of Dr. Rubin's bank account. We may have but a rudimentary knowledge of the proper and most expeditious way in which to control a life-sized attack of diarrhoea, perhaps having been inattentive to the authoritative teaching of our early days, and perhaps unaccustomed to the sight of medical books, but when we give two dollars to encourage the selfishness, greed and unprofessional conduct of Dr. Rubin, we want to be quietly taken to the haven for those mentally deranged.

B.

---

#### THE IMPORTANCE OF SUPERVISION OF MILK AND FOOD-STUFFS BY THE STATE.

The Governor of Michigan, Hon. John T. Rich, sent a communication to the last meeting of the Board of Health of that state suggesting that the Board communicate with the proper official of each state institution, calling attention to the prevalence of consumption in animals and man, the danger of this disease being spread from animals to man by means of the milk supply, and suggested a plan whereby each institution could pasteurize or in some way sterilize all the milk used.

In connection with this subject the Secretary of the Board



read an item relative to a farmer who lost two head of cattle from tuberculosis. Later the disease developed in the farmer's family, consisting of six members, all of whom, together with two attendants, have since died with consumption.

This one instance, and undoubtedly it is but one out of many, serves to illustrate the importance of proper supervision by the state of the health of cattle and food-stuffs liable to convey disease. We commend the action of the Governor in looking carefully to the health of the state's charges in its asylums, but contend that the citizens of the state outside the asylums, are equally entitled to protection, a point which is well made by the Board, whose report we have before us. The state undertakes to regulate and control traffic in liquors because it is to the best interest of its citizens to do so, and the same argument with doubled intensity and force applies to the traffic in food-stuffs.

Private institutions for the pasteurizing of milk are already being established, one being in successful operation at Monroe, Michigan. The product is being sold to private families and dispensed over counters where such drinks are sold. All this is the result of the good work being done at the Government Experiment Station, at Madison, Wisconsin, and is an earnest of what may be expected in the future.

The Indiana State Board of Health should not be slow in following in the Michigan Board's footsteps, nor should any other state remain behind; and this suggests again what these columns have before urged, i. e., the establishment of a National Board of Health with a cabinet officer at its head, as tending toward securing better and more uniform laws and a more even enforcement of them, than the individual and independent action of each state.

Among the other good things being done by the Michigan Board is the education of teachers and school children upon the modes of spreading and the best methods for the restriction and prevention of the dangerous communicable diseases. What can be done in this direction may be imagined when it is known that there are about 16,000 teachers alone in the state of Michigan.

What an influence this army can exert.

The action of our own City Board in prohibiting the exposure of meats and vegetables, by dealers, to the dust of city streets, which is notoriously infected with dried sputum and manure, and the warfare of the New York authorities against promiscuous expectoration, and the supervision of the pulmonary health of artisans who manufacture articles liable to convey bacilli, is worthy of encouragement, support and adoption.

S.

---

### DISREGARD OF AMERICAN PRIORITY.

Various continental and American periodicals are publishing accounts of a case, presented to the Medical Society of London by Mr. Waterhouse, in which, finding it necessary to scoop out the body of the os calcis for tuberculosis, "this resourceful surgeon thereupon requisitioned the collarbone of a lamb (part of a shoulder which had served for the dinner of the resident medical officers of the hospital), decalcified and sterilized it and reducing it to chips made it into a paste with iodoform and packed the 'gaping cavity,' with excellent results," etc.

We have no fault to find with the method nor the manner of its application, but rather with the style in which it is being put before the profession. To one scantily acquainted with surgical literature, the impression would certainly be given that this "resourceful" surgeon had thus inaugurated a new and promising line of treatment, when in point of fact he was simply making use of a method, the practical worth of which has long since been established for all time by its inventor, Dr. Senn. The only points in this case worthy of special note are that so prominent an institution should have been so far behind the times as not to have had the decalcified chips on hand ready for any emergency, and that it should certainly disregard the real origin of the procedure.

H.

---

### THE SALE OF NARCOTIC NOSTRUMS.

There is a class of nostrums on sale in the drug stores against which physicians, and all other humanitarians, should wage a re-



lentless and uncompromising warfare. We refer to those which contain narcotics of various kinds, but more especially morphine, cocain and alcohol. A number of cases of inebrity caused by the use of these preparations have come under our observation. The last one is that of a patient now under treatment for narcomania, the aggravated form of which is largely due to the use of McBurney's Catarrh Powder, a nostrum which we are informed contains a large per centage of cocaine. It is unnecessary to cite other cases, for nearly every physician of experience can recall similar instances coming within the range of his observation.

It is a disgrace to civilization—nay more, it is a crime—that the unsuspecting victims of catarrh, headache, indigestion, etc., should unknowingly have the serpentine coils of a narcotic habit insidiously winding them in its fatal embrace under the guise of a helpful treatment. Every nostrum that is placed on public sale should be systematically examined by a public analyst, and when found to contain narcotic drugs deleterious to health, and especially those, the use of which is liable to set up drug habits ruinous to the individual and burdensome or even dangerous to society, its sale should be absolutely prohibited. There is no other safe course to pursue, and the safety and welfare of the large army of neurotics and those dependent upon them require this much of the protection afforded by legal restraint. M.

---

#### **DR. DINNEN'S COMPLIMENTARY DINNER TO DR. JAS. B. MURPHY, OF CHICAGO.**

The doctors of Fort Wayne and vicinity feasted Saturday, May 9th, in more ways than one, and on Sunday morning awoke with a remembrance of a four hour's surgical clinic at St. Joseph Hospital by the well known operator, Dr. J. B. Murphy, of Chicago, and a dinner at the Wayne Hotel in the evening, which from every point of view was enough to satisfy the most critical. The clinic was one of unusual interest, some four or five capital operations being performed, and Dr. Murphy proved himself a most skillful operator and deserving of his well earned reputation as a surgeon. The dinner was one of those affairs which

leave pleasing and lasting impressions. The host, Dr. Jas. M. Dinnen, introduced Judge Pendergast, of Chicago, who is well known as a witty and humorous speaker, as the toastmaster of the evening, and the judge introduced several well known men, from the ranks of the lawyers, bankers, and doctors who were represented, to respond to toasts in keeping with the occasion. In conclusion the toastmaster, in an appropriate and complimentary manner, introduced his intimate friend, Dr. Murphy, who made a pleasing address, touching particularly upon the duty of physicians to each other and to the profession. The guests, some fifty in number, were pleased to do honor to Dr. Murphy and appreciated the compliment of the host, Dr. Dinnen.

---

## MEDICAL REVIEWS.

---

### DEPARTMENT OF MEDICINE, THERAPEUTICS, NERVOUS AND MENTAL DISEASES.

---

IN CHARGE OF G. W. McCASKEY, A. M., M. D.

Professor of Nervous and Mental Diseases and Clinical Medicine in the Fort Wayne College of Medicine.

---

**TOXINS BY RECTAL INJECTIONS.**—The following interesting conclusions were formulated by Dr. Paul Gibier after an extensive series of experiments:

1. In rabbits, dogs and guinea pigs, the rectal injections of relatively massive doses of diphtheria and tetanus toxins are followed by no apparent effects.

2. The rectal injections of even larger doses of these toxins, many times repeated, does not produce the least degree of immunity against toxin thus injected.

3. The rectal injections of anti-toxin (diphtheria and tetanus) at least a thousand times larger than the preventive subcutaneous doses is powerless to prevent death from a minimum fatal dose of diphtheria or tetanus toxin.

4. The rectal mucous membrane may retain the active principles of the toxins and anti-toxins, or it may destroy them. In case it permits their absorption, the inference is indoubtable that they are carried through the portal system to the liver, and destroyed by that organ.



**THE PREVENTION OF TETANUS.**—Dr. Simeon Delbecq closes an interesting report of a case of tetanus successfully treated with tetanus anti-toxin with the following suggestion: Remembering the recent communication of M. Nocard to the Academy of Medicine, (Paris), in which it was noted that the anti-tetanic serum acted above all as a preventative, it would be well to use an injection in all cases of deep wounds which are difficult to disinfect, in those attended by contusion and laceration and in those which have come in contact with the earth.

---

**LEUCOCYTOSIS IN PNEUMONIA.**—Petroff, who has made a special study of this subject, concludes that leucocytosis is augmented in all cases of croupous pneumonia, being from two to four times greater than normal. The increase being with the disease, reaching its maximum at the crisis or sooner, and disappearing by crisis or lysis, thus corresponding with the course of the temperature. There is, apparently, a direct connection between the intensity of the inflammation and the degree of leucocytosis. In feeble individuals the leucocytosis is less marked, while in fatal cases it may be present or absent, depending on the strength of the patient and severity of the disease. The degree of leucocytosis may serve as a guide in the prognosis, as does the constitution and nutrition of the patient and severity of the affection.—*Inaugural Dissertation, St. Petersburg, 1895.*

---

**LESIONS OF THE SPINAL CORD IN PERNICIOUS ANAEMIA.**—Herr Nonne, in a paper on the subject, added two new cases of his own to the nineteen cases of pernicious anaemia already recorded, in which the nervous system was examined. Of these twenty-one cases the spinal cord was found to be affected in thirteen. Of Nonne's two cases, the first was a woman sixty-five years of age, without hereditary syphilitic antecedents, and who had become affected with Bright's disease eight years previous. The anaemia which led to her death had lasted four months. The number of red blood corpuscles had fallen to 1,000,000, and the quantity of haemoglobin was 15 per cent. There were no lesions of the ocular apparatus, and no somatic disturbances of the nervous system. The post mortem examination showed extreme anaemia and fatty degeneration of the heart, but no other organic lesions. Histological examination showed marked proliferation of the inner coat of the crural artery, and three small foci of acute myelitis in the cervical region of the spinal cord—two outside the lateral cornu, and unsymmetrical, the other near the anterior commissure. These foci involved the myelin and axis-cylinder. The other regions of the cord, including the gray substance, were intact. The anterior and posterior spinal arteries also appeared not to be affected, but there were vessels in the cord with thickened walls showing hyaline degeneration, and the lymph spaces were dilated. The case is interesting, as show-

ing that the medulary lesions of anemia may be present themselves in the form of small areas of acute myelitis.

---

**APHASIA IN A LEFT-HANDED WOMAN.**—S. Monard, of Copenhagen, describes the case of a woman, age sixty-three years, in whom an apoplectic fit had produced paralysis of the left facial nerve, paresis of the left extremities and homonymous left-sided hemianopsia. She was unable to speak and to write a number of words, and often used wrong words for many things. Complete recovery took place in eight weeks. The history revealed that she began to be left handed when nine years of age, being obliged to wear the right arm in a bandage for about ten months, and since that time she has principally used the left hand.—*Hospitals-Tinende, 100, 1895.*

---

**LACTATE OF STRONTIUM IN NEPHRITIS.**—Dr. Bronowski, having tried this drug in ten cases of Bright's disease,—three of acute parenchymatous inflammation, six mixed, and one interstitial,—does not agree with Dujardian-Beau-metz as to the favorable action of salts of strontium on the kidneys through their diminishing putrefaction in the intestines. Direct experiments with bacteria convinced Dr. Bronowski that the antiseptic properties of lactate of strontium were insignificant and that the presence of ethero-sulphuric acids in the urine was not influenced by the drug.—*Medynyna, No. 1, 1896.*

---

## DEPARTMENT OF SURGERY AND GYNÆCOLOGY.

---

IN CHARGE OF MILES F. PORTER, A. M., M. D.

Prof. of Surgery and Gynæcology in the Fort Wayne College of Medicine.

ASSISTED BY

FRED J. HODGES, B. S., M. D.

Prof. of Genito-Urinary Surgery in the Fort Wayne College of Medicine.

**PREPARATION OF CAT-GUT.**—Robert T. Morris attends personally to the preparation of the cat-gut which he uses. The following is his method: Immersion in plain sulphuric ether for a week, then in a 1:4000 solution of mercuric chloride in sulphuric ether for another week, and finally in a fifteen-grain-to-the-pint solution of bichromate of potassium in alcohol for fifteen hours. It is then stored in absolute alcohol.

---

**DEATH FROM A MURPHY BUTTON.**—Oster, in the *Montreal Medical Journal*, reports a case in which death was due to a perforation produced by pressure from a Murphy button in the splenic flexure of the colon where it had lodged three weeks after a successful surgical gastro-enterostomy for cicatricial pyloric stenosis.



**ASBESTOS AS A SURGICAL DRESSING.**—Asbestos fibre is highly recommended as a surgical dressing. It is more absorbent and softer than cotton and, what is of greater importance still, can be rendered absolutely sterile in a short time by subjecting it to a great heat. We will not be surprised if asbestos is soon the most popular of all surgical dressings.

---

**A NEW METHOD OF TREATMENT IN CHRONIC AND SUB-ACUTE CYSTITIS.**—Dr. J. G. Clark, in the *Johns Hopkins Hospital Bulletin*, describes a new method of treating sub-acute and chronic cystitis which consists in applying to the inflamed surface, by means of a rubber balloon used as an applicator, whatever drug is considered most applicable to the given case. The balloon after disinfection is covered with the desired medicament, rolled on a slender Crane's forceps and introduced through a urethral speculum into the bladder and then inflated to the desired extent. The treatment should be carried out with strict aseptic detail. By inflating the balloon to the desired size before introducing it into the bladder, with the instrument which is to be used for the inflation after the introduction, over-distention of the bladder may be avoided. The balloon should not be left in situation longer than twenty minutes because during the time it is in place the ureters are blocked. The inflation can be accomplished by an atomizer bulb or an aspirator. Gelatin has been found to be the best vehicle and ichthyol the most satisfactory drug. A 10 per cent. ichthyol gelatin up to the present has given the best satisfaction. Cocaine should be used to anesthetize the urethra before the introduction of the speculum. A rectal suppository of opium relieves the pain immediately following the treatment. The treatment may be repeated every day, every other day, or every third day, as may be necessary. Ten cases are reported as having been successfully treated in this way, and one case of a severe type, of thirteen months standing, is reported more in detail, in which a cure was obtained in thirty days. The theory upon which the treatment is based is that the distention of the bladder by the balloon, covered with the medicament, effaces all the folds in the inflamed mucous surface and thus secures a perfect application of the drug used.

---

**RELIEF OF TYMPANITES BY POSTURE.**—Sweetman contributes a short article to the *Annals of Surgery* upon his experience, experiments and observations upon the relief of intestinal distention by causing the patient to assume the knee-chest or similar postures. He finds that there is a sound anatomical basis for the procedure and recommends that it be employed in all cases except such as arise during the course of general peritonitis. In such it is not to be employed, not so much on account of any special contraindication as that from the very nature of such cases it must prove ineffectual. This

method is one that surgeons naturally turn to in their care of patients after section, but we do not remember ever having seen its claim to a permanent place among surgical procedures set forth.

---

**VARIATIONS IN THE PAIN FROM RENAL STONE.**—Henry Ferwick, in a paper read before the Medical Society of London, (*British Medical Journal*), attempts to account for the variations as to location, character and severity of the pain in instances of kidney stone, basing his remarks upon a large series of uncomplicated nephrolithotomies. He recognizes three classes of kidney stones: 1. Those lying loose in the pelvis. 2. Those under the capsule but lodged in the cortical tissue. 3. Those lodged in the parenchyma. The loose stones evoked typical colics, radiations and not infrequently, vesical symptoms. The stones at the cortex failed to evoke these symptoms but were attended with severe fixed pain, and in this class the patient was forced to sleep upon the affected kidney and could not without pain turn upon the sound side. In cases presenting loose stones the patient usually slept on the sound side. As to urine, the pelvic stones always produced changes in it within a year, while the cortical stones did not even after twenty or more years.

---

## DEPARTMENT OF OBSTETRICS AND PAEDIATRICS.

IN CHARGE OF B. VAN SWERINGEN, M. D.

Professor of Theory and Practice of Medicine in the Fort Wayne College of Medicine.

**FATALITY OF MEASLES POSSIBLY DUE TO DIPHTHERIA**—Dr. Carl D. S. Fruk makes the above suggestion (in the *Medical Record* of April 4, 1896,) based on his experience with a case of measles in which the throat was congested but contained no membrane. As the fever kept up for several days, however, a culture was made which revealed the case to be "one of true diphtheria." After antitoxine was injected the child made a good recovery. This leads him to question whether the fatality in measles may not possibly be due to diphtheria.

---

**CHRONIC INTERSTITIAL NEPHRITIS DURING EARLY LIFE**—Dr. Henry Ashby, of Manchester, England, reports (in the March, 1896, number of *Pediatrics*) a case of contracted kidney in a boy twelve years of age. He also tells of two other children afflicted with the same affection, verified post-mortem. As this disease has generally been considered a disease of advanced life, the result of years of indulgence in alcoholic liquors, or infection by syphilis, it is interesting to note the absence of these causes in these cases.



Ashby's last case was under observation only a few days before the termination in death, during which time the patient had several convulsions, (probably uraemic) followed by a fatal coma. There was no oedema and the urine contained albumen. The heart was hypertrophied, weighing eight ounces, and its muscle pale. The mitral valve was roughened. During life a systolic murmur was present over the apex.

---

**A CONSIDERATION OF CERTAIN DOUBTFUL POINTS IN THE MANAGEMENT OF ABORTION.**—Charles P. Noble, in the *Therapeutic Gazette*, January 15, 1896, offers his views to the profession on four difficult questions pertaining to the above subject. 1. When is abortion inevitable? 2. When is abortion complete? 3. After septic abortions, when shall irrigation of the uterus be discontinued? 4. After septic abortions, when shall operation per vaginam or by abdominal section be done?

In answer to the first question he cites a number of cases to prove that often alarming hemorrhages are not followed by abortion, even when accompanied by contractions of the uterus, and concludes that when, in addition to these, there is a dilation of the cervix and descent of the ovum, abortion may be considered inevitable and no attempts to prevent expulsion should be employed.

In regard to the second question he says that during the first two months nature can take care of abortion without much aid from the attendant, except in criminal cases followed by virulent infection, when curettment should be done. At later periods, when the membranes are intact, there is little difficulty, and also, when arriving after the event, if the cervix be closed and hemorrhage stopped, it may be inferred that the abortion is complete. After the fourth month any doubt should lead to the exploration of the uterine cavity with the finger.

In response to the third question he very naturally concludes that uterine irrigations are harmful in all cases where the inflammation has spread beyond the uterus, on account of the manipulation which is necessary being harmful. If properly done in the beginning he thinks irrigations are seldom necessary for more than one or two days.

In answer to the fourth question he says that "should evidences of pus-formation present themselves, or should indications appear that the localized pelvic inflammation tends to become a general peritonitis, or to give rise to septicaemia, operation is indicated."

---

**THE SERUM TREATMENT OF PUERPERAL FEVER.**—Gaulard (*Presse Medicale*, Nov. 30, 1895,) reports two cases of puerperal fever by serum. A rickety woman with a contracted pelvis had a protracted labor. The case was one of false presentation. The perineum was torn to the anus but sutured

at once. One week after delivery the temperature rose to 105° F., and remained at that height for three or four days. Gaulard saw her four days later, when the pulse was 140 and irregular, and diarrhoea present. The perineal wound was discharging pus, and on the vagina there was some sloughs. The uterus was curetted, nothing, however, of importance coming away. Subsequently the uterus was packed with iodoform gauze and the perineum resutured. The next day the temperature fell to 102.7° F., but on the second day it rose again, and her general condition became serious. At this time 10 c. c. of Marmorek's antistreptococcic serum were injected into the abdominal wall. The temperature fell slightly on the following day, and a second injection of two cubic centimeters was given. From this time the temperature fell steadily, and the patient made a speedy recovery.

The second case was also a rickety woman. It was her fourth pregnancy. The first labor was natural: in the two others the delivery was effected by forceps. The antero-posterior diameter of the pelvis was three and three-quarter inches. As an unsuccessful attempt had been made outside of the hospital to apply the forceps, a basiotripsy was performed, delivery effected, and a douche of 1 : 4 00 bichloride of mercury was given. The temperature rose rapidly, and two days after delivery it had risen to 104° F. The uterus was swabbed out with creosoted glycerine, some putrid fragments coming away, and plugged with iodoform gauze. On the fourth day 10 c. c. of antistreptococcic serum were injected, and repeated on the fifth and sixth days. After the third injection the temperature fell to 102.9° F. Another injection was now given, and the temperature fell to 101.5° F., reaching the normal on the eleventh day after delivery. While the temperature was falling, she was seized with bilious vomiting and meteorism, the pulse remaining as before, about 120. The vomiting became uncontrollable, she became comatose, and died on the thirteenth day. Gaulard believes that the serum was the cause of the vomiting. He fears that too much serum was injected, for at the autopsy there was no sign of supuration or peritonitis. The question of maximum dose of the serum has yet to be determined. The serum does not do away with the necessity of using the curette, but if the germs have already entered the blood, it may be employed against them and their toxins.

---

*"Stories of a Country Doctor" will be given with every new yearly subscription to the Magazine.*



## DEPARTMENT OF OPHTHALMOLOGY, OTOTOLOGY, LARYNGOLOGY AND RHINOLOGY.

IN CHARGE OF ALBERT E. BULSON, JR., B. S., M. D.

Oculist and Aurist for St. Vincent's Orphan Asylum, and the Allen County Orphan Asylum. Professor of Laryngology and Rhinology in the Fort Wayne College of Medicine, Fort Wayne Indiana.

---

**THE TREATMENT OF GLAUCOMA.**—Cohn (*Cent. fur prak. Augenh.*, June, 1895,) thus summarizes the use of eserin: Every case of glaucoma should be treated with eserin as soon as the colored rings, one of the earliest symptoms, are complained of. If, in acute cases, the pupil can be made to contract, the attack will be cut short. Eserin never does any harm and may be continued with impunity for years. On the other hand, Nettleship (*Brit. Med. Jour.*, October 19, 1895,) urges iridectomy: (1) In cases of optic atrophy occurring during the glaucoma period of life in which there is distinct cupping of the disk even though the tension may not be increased. (2) Even in those disquieting cases in which the field of vision is cut off close to the fixation point. (3) In simple glaucoma, early in the disease, and (4) sometimes in the prodromal stage, especially in young persons.

---

**INFECTION OF THE CORNEAL TISSUE DURING THE REMOVAL OF A FOREIGN BODY.**—Dr. De Schweinitz, (*Philadelphia Polyclinic*) calls attention to the not infrequent infection of corneal tissue during the removal of a foreign body by means of a spud, either because the spud itself has been non-sterile, or because by rough usage the instrument has scraped away the corneal epithelium and opened a way for the entrance of micro-organisms which may be present in an unhealthy lachrymal secretion. He has demonstrated several cases in the clinic which have presented themselves for treatment with infective keratitis resulting under these circumstances. He therefore recommends that the conjunctival cul-de-sac shall be flushed with a saturated boric acid solution, the spud then carefully sterilized by holding it for a moment in the flame of a spirit lamp, and that after the foreign body is removed, which shall be done with the least damage possible to the surrounding epithelium, the antiseptic irrigation shall be repeated.

THE TREATMENT OF FURUNCLES OF THE LID.—Lanvole and Gyga, *Ther. Wochens.*, November 24, 1895, recommend systematic bathing of the lid with:

Salicylic acid.....	5 parts.
Borax.....	3 “
Distilled water.....	300 “

or

Precipitated sulfur .....	3 “
Ammonium chlorid.....	1 “
Rose water .....	50 “
Spirit of camphor.....	20 “

---

FOREIGN BODIES IN THE EAR.—The following remarks from the article “Otology,” by Dr. C. H. Burnett, in *The American Year-Book of Medicine and Surgery*, p. 835, are intended for the guidance of the general practitioner. “In regard to foreign bodies in the ear, the first and important injunction is to be sure that there is a foreign body in the ear before endeavors are made to extract it. Much damage has been done to the ear by groping after a foreign substance said to be in the ear which was not there and never had been there. In no case should anyone not a specialist use any form of surgical instrument to extract a foreign body from the ear. If a living insect has entered the ear, a few drops of sweet oil will smother it, and it may then be syringed out with warm water. If an inanimate substance has been placed in the ear, as is often done in play by children, syringing with warm water will generally remove it if the ear has not been previously scratched by probes or forceps. If the latter has been done, the child should be etherized and the foreign body removed by an expert. There is no hurry demanded in such cases. The foreign substance had better be left in the ear indefinitely than to apply rough measures for its removal. What a child can slip into the ear in play can be easily removed if the physician first called knows how to do it. Unless he knows what to do and what not to do, he had better do nothing. It would be better to send the patient to the nearest aurist than to do the wrong thing for relief. Death has occurred by unskillful endeavors to remove a foreign body from the ear of a child. Not the foreign bodies in the ear, but the improper treatment is the cause of the death in such cases. The instillation of oil into the ear for the removal of foreign matter from it is futile. If, as sometimes happens in tropical countries, the larvae of flies are present in the ear, a drop or two of chloroform or ether should be put into it.



IRRITATION IN THE TREATMENT OF DISEASES OF THE NASAL CHAMBERS.—Dr. John E. Bacon, in the *American Therapist* (May, 1896), states that he has found by experience that most of the treatment prescribed for diseases of the nasal chambers is altogether too irritating in character, and therefore produces more harm than good. He says that the rational treatment of diseases of the nasal chambers must take into account the ready response of the mucous membrane to all forms of irritations, which is a marked property of the nasal mucous membrane. While this property may be made use of in the management of certain forms of nasal disease it forms a barrier to too energetic measures which are often directed against other forms of disease. It is a point of great nicety to gauge exactly the amount of stimulation which a given case will require, and this must be determined or at least approximated by a careful study of each case.

Dr. Bacon condemns the use of the solution made by dissolving the well known Seiler's tablets in water, according to the proscribed method, and says that this solution finds its only indication in atrophic rhinitis, or in diseases of the mouth or throat. It is too irritating to be used in the normal nose, or in cases attended with hypertrophy. The preparation made by dissolving iodine in glycerine, which has become so well known in the last few years, may be used with advantage in any case requiring stimulation, but it is often used indiscriminately without regard to the actual seat of trouble, and is often responsible for grave aggravation of slight changes. Hypertrophy in the nasal cavities is very generally the result of irritation, and surely the congestion and intense glandular activity excited by the use of this powerful irritant cannot be favorable to the reduction of the overgrown tissue.

Dr. Bacon also condemns the needless irritation produced by coarse sprays thrown into the nasal chambers, as an after-treatment of surgical wounds within the nose, claiming that such wounds heal nicely within ten to fourteen days if left alone, while if forcibly sprayed they do not heal so kindly, and in some instances take on a rapid proliferative process which soon replaces all the tissue removed, and in some cases adds more.

The author recommends as a solution for the nose, warm Dobell's solution of one-half the ordinary strength, and prefers to use this with the post-nasal syringe, which gives a gentle stream from behind and favors easy cleansing. In this connection he advises that physicians and patients should be cautious about using too much of the fluid or too often.

Cocaine solutions are thoroughly condemned as being detrimental to the health of the membrane, as well as preventing or retarding recovery from disease. It can be well understood that cocaine by its paralyzing action upon the cells, and upon the trophic nerve supply, as well as its action in depleting the part only to be followed by a more intense con-

gestion as soon as the effect passes away, must affect the nutrition of the cells and interfere with nature's process of repair.

There is no part of the body in which irritation is capable of doing more harm in direct proportion to its severity than in the nose, and there is no part of the body in which more brilliant results may be obtained from judicious treatment if the operator has regard to the amount of irritation he is producing by his operative and therapeutic measures.

---

## BOOK REVIEWS.

---

DIAGNOSIS AND TREATMENT OF DISEASES OF THE RECTUM, ANUS, AND CONTIGUOUS TEXTURES.—Designed for Practitioners and Students. By S. G. Grant, M. D., Professor of Diseases of the Rectum and Anus, University and Woman's Medical Colleges; Lecturer on Intestinal Diseases in the Scarritt Training-School for Nurses; Rectal and Anal Surgeon to All-Saints, German, Scarritt's Hospital for Women, and Kansas City, Fort Scott, and Memphis Railroad Hospitals, to East-Side Free Dispensary, and to Children's and Orphans Home, Kansas City, Mo.; Member of the American Medical Association, National Association of Railway-Surgeons, the Mississippi Valley Medical, The Missouri Valley Medical, and the Missouri and Kansas State Medical Associations, etc., etc. With two chapters on "Cancer" and "Colotomy" by Herbert William Allingham, F. R. C. S. Eng., Surgeon to the Great Northern Hospital; Assistant Surgeon to St. Mark's Hospital for the Rectum; Surgical Tutor to St. George's Hospital, etc., etc., London. One Volume, Royal Octavo, 400 pages. Illustrated with 16 Full-Page Chromo-Lithographic Plates and 115 Wood-Engravings in the Text. Extra Cloth, \$3.50 net; Half-Russia, Gilt Top, \$4.50 net. The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street, Philadelphia; 117 W. Forty-Second Street, New York; 9 Lakeside Building, Chicago.

After a short introductory chapter, the Anatomy and Physiology of the Rectum and Anus are given, then follows one chapter each on Symptomatology and Examination. Congenital Malformations are next considered, after which the Various Diseases of the Rectum and Anus are treated in a manner at once methodical and satisfactory. The clamp-and-cautery operation is the one preferred by the author for piles. One chapter each on Auto-Infection from the Intestinal Canal and Railroadings as an Etiological Factor in Rectal Diseases constitutes a new feature in works of this kind. The chapters by Herbert Allingham add to the value of the book. Wounds and Injuries, Neuralgia of the Rectum, and Sodomy are each given a special chapter. The illustrative cases which are given throughout the work serve well



to elucidate the text. The book is unusually well illustrated, the index is satisfactory, the publishers' work is well done and altogether it may be said that he who wants a work on diseases of the rectum and anus will make no mistake if he buys this. P.

---

THE INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONERS INDEX FOR 1896.

—Edited by a corps of thirty-seven department editors—European and American—specialists in their several departments. 738 Octavo Pages. Illustrated. \$2. 75. New York. E. B. Treat, Publisher.

The fact that a financial and literary effort has been able to brave the storms of adverse criticism for fourteen years is a sufficient guarantee that it is appreciated and is a success. This year's Annual is better than any previous edition. It contains more pages; it contains more material and its illustrations are better than ever before. So that if former editions have been successful this one surely ought to be because of the increased need of the busy general practitioner for a reliable resume of the recent progress without the necessity of analyzing the voluminous literature regarding new discoveries in science and therapeutics. This work is what it represents itself to be, and is fully up to date. S.

---

A TEXT BOOK UPON THE PATHOGENIC BACTERIA, by Joseph McFarland, M. D., Demonstrator of Pathological Histology and Lecturer on Bacteriology in the Medical Department of the University of Pennsylvania. Price, \$2 00 net. Publisher, W. B. Saunders, Philadelphia, Pa.

This work is addressed to students of medicine and those in general practice who have not had the advantage of training in the science of Bacteriology. In the introduction the author has given a brief and interesting history of the science. The fundamental principles and technique employed in the study of bacteria are treated in a plain, practical and concise manner. The chapter on Immunity and Susceptibility is presented so clearly and in such an interesting way as to be readable to those not professionally interested. A chapter on Animal Experimentation, though very brief, is timely.

Part II includes a brief description of the most important pathogenic bacteria, together with the description of pathological conditions accompanying bacterial invasions. Tuberculosis is considered at considerable length and all the important points in connection with this subject receive attention sufficient for the student. The chapter on Typhoid Fever is of exceptional value. The reactions, chemical and biological, enabling us to differentiate the Typhus bacillus from its almost constant companion, bacillus coli communis, are so emphasized and clearly stated that it would be difficult to go amiss in distinguishing the one from the other.

The work is strictly a text-book upon the pathogenic bacteria, in consequence of which parasitology and the higher fungi are not mentioned. The photographic plates and cuts are, in the main, very characteristic, delineating the size and shape of the various pathogenic germs and their appearance when growing upon the culture foods.

The author has superior command of language and presents the subjects in the clearest and most readable manner possible. The publisher, W. B. Saunders, has maintained his usual high standard in the press-work. The book should have a larger circulation among practitioners of medicine and medical students.

L. P. DRAYER.

---

MERKS INDEX, 1896.—This book gives the names, synonyms, source clinical and physical nature, appearance, properties, physiological effects and therapeutic uses, etc., of drugs and chemicals used in medicine, chemistry and the arts. A number of chemical reports on various drugs from prominent members of the profession together with quite a number of formulas are also given. Several blank pages are inserted for memoranda. The book will prove a handy and valuable addition to the physician's library.

P.

---

BLOOD SERUM THERAPY AND ANTITOXINS.—By George E. Krieger, M. D., Surgeon to the Chicago Hospital, etc., Chicago. E. H. Colgrove & Co., Publishers, 1895.

These essays of Dr. Krieger are very satisfactory indeed. Besides his chapter on Blood Serum Therapy and Antitoxins, he gives a thorough consideration of Tetanus and Diphtheria. It will well repay any one to send one dollar for this little work.

S.

---

THE AMERICAN YEAR BOOK OF MEDICINE AND SURGERY.—Edited by George M. Gould, M. D., Philadelphia. W. B. Saunders. For sale by subscription only. Price, cloth, \$6.50; Sheep or half Morocco, \$7.50.

We are informed in the preface to this new claimant for professional patronage that "the general design of this work is to give physicians, in a compact form, an annual epitome of the new and progressive medical truths or suggestions published during the months of the preceding year." It needs no argument to convince the student of current medical literature that a general survey of the latter is impossible without some such aid as that offered by this volume. In defining the scope of this work a sharp distinction is drawn between an analytical review of all current literature, and a resume of everything that is actually new and valuable. It is an open secret that the latter constitutes but a very small proportion of the sum total of annual contributions; and it is this only which the editorial



plan includes. Such a limitation can scarcely be otherwise than advantageous to the busy general practitioners.

The editorial staff which undertakes to accomplish this herculean feat comprises twenty-eight well and favorably known medical names, some of whom occupy the very fore front in the ranks of medical writers. The entire work has been done under the editorial supervision of Dr. George M. Gould, whose long journalistic experience in connection with one of the leading metropolitan medical weeklies, peculiarly qualifies him for the work. With such a plan, executed by so able a corps of workers, one turns to the examination of the volume itself with high expectations.

The section on general medicine is written by Drs. Wm. Pepper and Alfred Stengel, and contains 162 pages of critically digested matter. Typhoid fever occupies about one dozen pages, and may be taken as a fair sample of the work done. We find that there is much of interest annually contributed upon this much hackneyed, but never exhausted, and preeminently important theme. The etiology is considered with reference to food-stuffs, one of the most interesting reports being an epidemic of twenty-six cases caused by infection from oysters fattened in a creek 300 feet below the outlet of a sewer leading from premises where two cases of typhoid fever had occurred. The contribution of Marian tending to establish the intra transmission of typhoid bacilli is noticed. An important study by Thayer shows that the red corpuscles and hemoglobin decline gradually until defervescence, at which time there is a more rapid decline. In the matter of diagnosis Patain regards the mental depression and splenic enlargement as the most constant symptoms, even more constant than elevation of temperature. The cold water treatment is regarded by most of the writers of the year as the accepted method. Le Gendu says it is not as well borne by men as by women.

Injections of blood serum from patients convalescent from typhoid fever has been tried with rather doubtful benefit. Yeo essays intestinal asepsis by one ounce doses of chlorin water every two to four hours.

The digest of important literature upon diabetes and tuberculosis is especially full.

The section on surgery is from the pens of Drs. W. W. Keen and J. C. Dacosta, and covers 180 pages. Among the most interesting resumes here recorded is that from Coley and from Beck upon the use of the toxins of erysipelas and bacillus prodigiosus. The former says that "the curative action of erysipelas upon malignant tumors is an established fact," and that it is "much more powerful in sarcoma than in carcinoma."

Space will not of course permit of a separate notice of each of the sixteen sections which go to make up the work. I can not refrain from briefly referring to the section on nervous and mental diseases under the able supervision of Drs. Archiball Church and Hugh T. Patrick. The

illustrations of sporadic cretinism and other conditions are highly creditable, and greatly enhance its value of their summary of a year's progress in this important field of medicine.

Altogether the *American Year Book of Medicine and Surgery* has fulfilled in a high degree the expectations aroused and the assumption of the editor in charge that "no very significant fact has escaped review," seems reasonable, and is probably true. M.

---

ELECTRICITY IN ELECTRO-THERAPEUTICS.—By Edwin J. Houston, Ph. D., and A. E. Kennelly, Sc. D. New York. The W. J. Johnson Co., 1896.

This little brochure of four hundred pages compresses within this brief space a remarkably lucid exposition of the fundamental principles of electricity with especial reference to their application in the domain of therapeutics. There was a positive demand for just such a book. The constantly growing importance of electro-therapeutics, especially in the treatment of nervous diseases, has made some knowledge of the laws of electricity imperatively necessary on the part of the medical men. It is only thus that electro-therapeutics can be rationally practical. Empiricism in drugs is much more pardonable and less subversive of beneficial results than in electricity.

The authors of this little treatise are electricians of international note; and they have succeeded in language at once succinct and lucid in placing the subject of the physics of electricity within easy reach of any reasonably well equipped medical mind. Its careful perusal has been to the writer a source of both pleasure and profit. M.

---

### TO REMOVE FROM THE HANDS THE ODOR ACQUIRED IN MAKING A POST-MORTEM.

Every physician who has had occasion to make a post-mortem examination is familiar with the peculiar cadaveric odor which clings so tenaciously to the hands. Those also who have treated uterine cancer know the sickening odor of the vaginal discharges and how impossible it is to wash it from the hands. In such cases, the hands should be washed thoroughly with warm water and soap, and then listerine applied full strength. If listerine had no other use than this it would be of great value, but besides this, it is of inestimable value as an antiseptic, either internally or externally.—*Massachusetts Medical Journal*.



EXTRACT.

---

In his palmy days John Bright was fond of expiating on the wonderful growth of the United States in material resources, and of demonstrating that its wealth was multiplying by leaps and bounds. We are reminded of the orator's favorite theme by the announcement that Parke, Davis & Co. have opened two new branch houses to satisfy the rapidly growing demand for their preparations—one in New Orleans and another in Baltimore—and by the receipt of their '96 price list, comprising over six thousand items and twenty-nine distinct lines of preparations ! It is amazing, how this house has grown within the past fifteen years. It has been erecting laboratories by the acre, multiplying its branches and agencies, and increasing its output of pharmaceutical preparations by the ton!

The ground for this amazing prosperity is not hard to find—scrupulous integrity, dignified, honorable business methods, and, above all, a strenuous desire to treat professional men in accordance with their professional methods. All the world knows that the label of this firm is a warrant of purity, activity and precision in the contents of the container, and the physician realizes that in his grim battle with disease he can depend upon Parke, Davis & Co.'s preparations every time !

---

THE TREATMENT OF CHAPPED HANDS.

The following formula is in use in Germany:

- Menthol . . . . . gr. x.
- Olive Oil . . . . . gtt. xx.
- Salol . . . . . gr. xx.
- Lanolin . . . . . ʒiss.

M. Sig.: To be applied to the affected parts twice a day.

# FORT WAYNE MEDICAL MAGAZINE.

---

VOL. IV.

JUNE, 1896.

NO. 6.

---

## ORIGINAL ARTICLES.

No paper published or to be published elsewhere as original will be accepted in this department.

---

### *THE PHYSICIAN'S RELATION TO THE BODY POLITIC.\**

BY MILES F. PORTER, A. M., M. D.,

Professor of Surgery and Gynecology in the Fort Wayne College of Medicine,  
Fort Wayne, Ind.

Biology has taught us that in the lowest forms of life there is a simplicity of morphology which agrees with a simplicity of function, while in the higher forms there is a complexity of structure corresponding to a complexity of function. This differentiation of tissue always accompanies a differentiation of function; the one is necessary to the other and both become more and more marked as we ascend the animal scale until we find it most marked in man, at once the most complex and the most perfect animal.

The prime object of this differentiation is the conservation of force, i. e., the greatest possible attainments with the least possible expenditure of energy. This differentiation amounts

\*President's Address, delivered at the Fort Wayne meeting of the Indiana State Medical Society, Thursday evening, May 28, 1896.



then to the setting aside, as it were, of certain tissues particularly constructed and arranged to form organs and apparatuses peculiarly adapted for the performance of particular functions.

The health of the organism as a whole can only be maintained by all of its organs and apparatuses performing their functions properly. If any one is deranged the whole is disturbed. In an animal of high type one organ cannot take upon itself the performance of the functions of another. In other words, certain functions must be performed by certain organs or not at all, i. e., the duties and responsibilities are by this differentiation individualized.

The history of the government teaches us that in politics also, the same processes of evolution have been at work.

Commencing with the primitive forms of government of the ancients, we note, as we ascend the scale, an ever increasing complexity of structure and function with a coincident and necessary increase of individual responsibility until we reach the republican form of government, which is at once the most complex and most nearly perfect form known, and in which the responsibility of the individual is the greatest. This feature of individual responsibility constitutes not only the chief charm of a republican form of government but also its principal claim to be a higher type of government.

The duties and responsibilities of the citizen of a republic are much more grave than are those of a citizen of a monarchy or empire. A monarchy may do fairly well with a people whose passions, prejudices and bigotry would make the successful establishment and maintenance of a republic impossible.

A republic, the majority of whose people are ignorant of and careless as to their political duties, may attain a modicum of success, but to attain to the fullest possible measure of success her people must be intelligent, must fully appreciate their political responsibilities and stand ever ready and willing to discharge their political duties.

As the cells of which the human body is composed have certain properties and functions in common, so the citizens of a republic have certain duties and responsibilities in common; but

as there are certain groups of cells set apart in man for the performance of certain important functions, which can be performed by no other group, so in a republic certain groups of citizens are by education and environment peculiarly adapted for the performance of certain political functions. Failure on the part of these citizens in the performance of these functions will as certainly prove detrimental to the body politic as would failure on the part of a single organ of the animal body to perform its duty prove detrimental to the animal body. With both bodies the harm resulting from the loss of function of one of its parts will depend upon the importance of the part and the extent or degree of the loss.

As citizens we of the medical profession share, in common with all other citizens, certain political responsibilities, and as physicians we have political duties to perform which no other class of citizens can perform, and which must be performed if the health of the republic be preserved and its growth and development progress as they should.

The political duties of the physician are of as high an order as are any in his calling, the returns for their proper performance are as great and more certain, and his obligation to perform them could not be more binding or sacred.

To save a human life by the judicious use of drugs or by the skillful use of the knife is an achievement of which one may well be proud, but how much more grand and praiseworthy an achievement would be the rendering of the use of those drugs or of that knife unnecessary. The one is as the flickering light of the lamp whose feeble rays bring into uncertain relief the objects in its immediate vicinity while they render the surrounding darkness more impenetrable, while the other is as the light of the sun which conquers the darkness of the earth by day, and before whose reflection at night the stars hide themselves.

We have few if any specifics for the cure of disease, but we may in a very great measure prevent it.

If there be any of my hearers who are inclined to underestimate the power for good which the medical profession may wield through political channels let me ask them: From



whence came the good to humanity of Jenner's discovery? Did it come directly as a result of increase in medical knowledge or did it come through political channels, via compulsory vaccination?

No one will question for a moment but that much benefit has already been derived from Koch's discovery of the bacillus of tuberculosis, nor on the other hand, can there be any doubt that the greatest possibilities for good of this discovery lie in the direction of wise legislation.

The political importance of the question of the spread of tuberculosis may be more fully appreciated if we stop for an instant to consider, first, that tuberculosis is a contagious disease and largely preventable; and second, that tuberculosis costs the United States more than seventeen lives every hour.

The law in Indiana values a life at \$5,000. We are losing \$85,000 hourly then through this one disease alone. That a large percentage of these deaths might be prevented by the enforcement of proper laws there can be no question of doubt. From a utilitarian standpoint, this would seem a sufficient argument in favor of prompt action along this line. How much more urgent seems the necessity when we stop to think of the suffering, the sorrow, and the humiliation which this frightful mortality entails.

That there is a "growing appreciation of the contagiousness" of consumption there is an abundance of evidence. The town council of Alameda, California, (*Medical News*, April 11, 1896,) requires that physicians report all cases of tuberculosis, whereupon directions are given for the proper isolation of such cases. Chicago (*Loc. Cit.*) is about to erect separate buildings in connection with her county hospitals for the use of consumptives. How long can Indiana afford to wait before taking action in this matter?

Every epidemic should be regarded as a disgrace, a disgrace to the community in general and to the medical profession in particular.

In matters pertaining to public health and medical legislation, the United States has not kept pace with other nations.

Indiana is in about the same position in the procession of the states in this regard as is the United States in the procession of nations. I am sorry that candor compels me to say this, for I am an American from the top of my head to my heels, and a Hoosier to the back-bone, and am proud of my country and of my state, but I believe that repentance always precedes true conversion, and that to acknowledge a fault is almost equivalent to remedying it. As a parent who winks at the sins of his child is not a good parent, so the citizen who refuses to cry out against the political sins of his country, be they of omission or of commission, is not a true friend of his country.

The cranks, like the poor, we have always with us, and medical education and education in general seems to us threatened in three directions by three separate classes of these individuals. To avert the dangers to which we refer is the plain duty of the medical profession, for the questions involved are in each case essentially medical in their nature. I refer to the so-called anti-alcoholic teaching which has been instituted in the public schools in several states, and to the efforts of the anti-vivisectionists and the anti-vaccinationists to secure legislation along the lines of their peculiar hobbies.

Regarding the former we may say that in so far as concerns the purely moral aspects of the case, the medical profession is not particularly concerned; but inasmuch as some, at least, of the text books contain statements that we know are not true, and others that are of more than doubtful scientific value, we should not hesitate to make ourselves heard upon the subject; for true education makes "good minds, strong wills, clear judgment and robust bodies," and its cause can only be hurt by the teaching of untruth.

Among the stepping stones which lead to the temple of education, falsehood is not to be found. That medical education is really threatened by the anti-vivisectionists I do not think is generally believed by the profession. That it is so threatened is easily proven by citing the attempts in the way of legislation already made by these fanatics, as witness the bill now pending in both Houses of Congress of the



United States, which, as says the Medical Association of the District of Columbia, "if enacted into a law will prohibit vivisection or animal experimentation in the District of Columbia, and effectively close the Biological laboratories connected with the Surgeon General's Department of the United States Army, Bureau of Animal Industry of the Department of Agriculture, and Marine Hospital Service, and prohibit all illustrative experimentation on living animals in the Medical Colleges of this district." I can perhaps offer to this society no more convincing proof of this danger than to say that one of our own members, Dr. Weist, of Richmond, considered the danger so real that he made it the subject of his address at the last commencement of the Fort Wayne College of Medicine.

For fear that the immunity which we have so long enjoyed from small-pox may lull us into a dangerous apathy concerning the necessity of vaccination, I venture to quote the following from the New York Times; (*Journal of the American Medical Association*, April 18, 1896.) "Anti-vaccinationists in this country may well ponder on the experience through which the citizens of Gloucester, England, are now going. For years that city has been a centre of the anti-vaccination craze, and so prevalent was this particular form of idiocy, that the law in regard to the employment of this safest and most certain of all the prophylactics known to medical science has long been a dead letter.

A whole generation of helpless children was allowed to grow up unguarded, and every school became simply an invitation to pestilence. Now the invitation has been accepted, and such an epidemic of small-pox is raging at Gloucester as has been rarely equalled in modern times, except among the savage tribes of Africa and Greenland. The hospitals are crowded to overflowing, business is at a stand-still, churches and schools are closed, and towards the cemeteries moves an almost continuous procession of wagons laden with the dead."

Before the brute force of facts such as these, all the tomes of silly sentimentalism and pseudo-scientific twaddle ever written against vaccination must fall as fell the walls of Jericho at the blasts of Joshua's trumpets.

This country is losing large sums of money daily, each day the population of its silent cities of the dead is being increased, and the cries of the suffering and bereaved ones may be heard, all for the want of properly constructed and equipped hospitals for contagious diseases. Oh! that this suffering would, like Duncan's "many virtues, cry, like angels, trumpet tongued against the deep damnation" of this needless sacrifice. Every city of 5,000 or more inhabitants should have a hospital of this kind for the care of both charity and pay patients, and they should at all times be open for the reception of scarlet fever, diphtheria and small-pox. This society can, through its influence, have every city in this state supplied with a hospital of this kind if it will but make the effort. When shall we commence the good work?

In Michigan the law requires that instructions be given in the public schools on the best methods of preventing the spread of contagious and infectious disease. That such instruction is sadly needed all practicing physicians can attest. With the choice of text-books and methods of instruction, supervised by those versed in bacteriology, aided by experts in pedagogy the power for good of this law can hardly be overestimated. The profession should unite in an effort to secure such instruction in all public schools.

Indiana not having many crowded cities does not as yet feel as do other states, the need of reform in tenement construction, but this question will, as our cities grow from year to year, increase in importance for us. If we will, we may learn from our more crowded neighbors how to avoid much of the error into which they have fallen and which made the histories of their tenement districts so teem with tales of over-crowding, bad air and lack of sunlight and their necessary resultants, physical, mental and moral deterioration. Upon this subject Dr. J. Riddle Goff, says: —(*Medical News*, April 4, 1896.) "It is futile to appeal to the humanity of the landlord, for he is the exception who voluntarily tears down a rickety house yielding twenty-five per cent. and puts up a sanitary tenement yielding ten per cent.



It is useless to look for reform to the tenants themselves, stolid and morally benumbed as they are. As long as unfit habitations exist they will find tenants, and there is only one way to solve the problem and that is to invest the Board of health with power of expropriation. Where a tenement cannot be made a sanitary habitation or where a landlord refuses or neglects to make it so, the city should step in, pay the owner what the building is worth for old material, tear it down, and leave, at least, a breathing space where before was a hot bed of physical and moral infection.

If there ever was an excuse for the State to exercise its power of eminent domain, it is where its poor stand in need of light and air, which should be free to all; where vice and crime flourish because virtue and honesty are impossible; where the very existence of the State is threatened because a large part of its younger citizens, if they escape disease, fall victims to social rot."

Whether or not Indiana shall avail herself to the full extent of the prophylactic measures at her hands, will depend in great measure upon the efforts of her physicians.

Another question which has already assumed much importance in some localities, and which must grow in importance as our population increases, is the question of disposal of the dead. That our present method endangers public health, that it is unscientific, and that it is expensive no one will gainsay.

Burial as a means of disposing of the dead is surrounded by the halo of long established custom and it will perhaps take some time before the prejudice in its favor can be overcome, but I believe and hope that before another generation passes away some method will have been adopted which will be less revolting than burial, which will not endanger the living, and which will result in transforming the dangerous, albeit consecrated, cities of the dead into pleasure giving, health promoting parks, consecrated to the LIVING. When we stop to think how necessary parks are in crowded cities, and how sad the need of them even in our young cities, it is almost painful to learn that even in one of the youngest of them (Chicago) there are more acres in cemeteries than in parks.

We of the present day would turn with horror and disgust from a perusal of the early records of our criminal courts and yet there may be found in the court records of to-day proof that some of our existing laws are less in keeping with the present state of knowledge and civilization than those of our forefathers were with the conditions of knowledge and civilization then existing. To hang a man by the neck until he is dead, before a crowd of gaping, sensation-loving spectators, for the commission of any crime, is in all conscience, bad enough under any circumstances, but to hang one for doing that which he cannot help doing, or that which he considers it his duty to do, or for the commission of an act the heinousness or results of which he does not appreciate, is a travesty upon justice and a disgrace. And yet men have been hung in the United States within the memory of every member of this society, who were, according to the universal verdict of the profession, insane, and therefore not criminals according to the law. So far as my knowledge goes, Indiana has never been guilty of such a crime against humanity and civilization, but that she has sentenced men to prison for life who were insane, and not, in the eyes of the law, criminals, the records of an adjoining county will prove. In our own county men have been sent to prison who should have been sent to a hospital. Permit me to relate a case in point.

A man was first an inmate of the reform school, but was later placed in the school for feeble minded youth. He was released from the latter institution something over a year ago, and signalized his release from the custody of the state by assaulting two little girls at Ox Bow Bend, on the Maumee river, near which place his father at that time resided. A few days later he assaulted another little girl at Edgerton. The day following this last mentioned crime he assaulted with fiendish brutality Mrs. ———. He was convicted of this crime and sentenced to one year in the penitentiary, and his term expired Friday. On the day following his arrival home from the penitentiary he committed another criminal assault for which he now lies in jail. Such in substance is the history of this criminal as given by the



daily papers of this city. I am glad to be able to say that this man was finally taken from jail to the hospital, and not to the penitentiary.

It will be generally accepted I think, that the first and most important point aimed at in criminal law is the protection of the innocent; that the law should be just and humane; that it should be of such a nature as would insure swift and certain execution; that the penalty for crime should partake in as small degree as is possible for the elements of punishment and revenge; and that the penalty for crime should in so far as is possible partake of the nature of a logical sequence.

All this I say I think will be universally admitted. Judged by this standard then, what will be the verdict passed upon our criminal laws as they now exist? Does a law which imprisons a rapist for a few years and then turns him loose upon a community with his hellish instincts and passions not one whit subdued, protect, to the fullest extent possible, the innocent?

In the light of our present knowledge concerning the inheritance of crime or criminal instincts, does the law which permits propagation of a race of criminals offer that protection to the innocent that it should offer? Is such a law humane? It would be equally just and equally humane to punish a three months old babe for not complying with the rules of etiquette and decorum which govern adults.

Is it logical or does it protect the unborn children or their ignorant and erring mothers to imprison an abortionist for a couple of years and then restore to him not only his liberty but his privilege to practice in a profession which he has already prostituted? Is there not danger that he will again use his profession to cloak his criminal practices, and would it not be just and safer to deprive him for life of the privilege to practice?

My object in writing this paper was to arouse, if possible, in the profession a fuller and more general appreciation of our political duties and responsibilities, and to point out some of the many ways in which through political channels, and through these channels only, incalculable good may be accomplished in

the way of the prolongation of life, prevention of sickness and amelioration of suffering. If I have succeeded in however so slight a degree I shall feel amply paid for my effort.

---

## SOCIETY PROCEEDINGS.

---

### INDIANA STATE MEDICAL SOCIETY.\*

The opening session of the forty-seventh annual meeting of the Indiana State Medical Society was called to order by the president, Dr. Miles F. Porter, at 9 o'clock Thursday morning, May 28th, in the Plymouth Congregational church of Fort Wayne.

After the invocation was pronounced by Rev. Jas. S. Ainslie, the addresses of welcome were delivered by the Hon. Henry P. Scherer, mayor of Fort Wayne, and Dr. H. V. Sweringen. The mayor complimented the physicians upon the nobility and importance of their calling, and extended to them the hospitalities of the city. Dr. Sweringen welcomed the visitors in behalf of the Allen County Medical Society, the medical college, hospitals, and everybody and everything connected with the interests of medicine, and made a particularly happy address.

Following the roll call came the reports of committees, which included principally the reports of the secretary, treasurer and chairman of the committee on arrangements.

The report of the secretary, K. K. Wheelock, was unusually complete, and was the best presented in many years. The report showed that dues had been collected from 1,365 members, and that \$1,365 would be turned over to the treasurer at the close of the meeting. It was estimated that after paying all the bills due up to date, including the expenses of the 1896 meeting, there would remain in the treasury \$714.00. The secretary suggested that the committee on publication be instructed not to

\*(We are indebted to Dr. A. W. Brayton for his courtesy in offering his report of the meeting, as published in the *Indiana Medical Journal*, for our use in preparing this article.)



exceed this amount in their total expenditures for the transactions of the ensuing year.

The treasurer, J. O. Stillson, reported the amount of money received and expended during the year, and stated that there was still in the treasury \$1.00. He mentioned the fact that there was still an unpaid bill of \$366.87, as balance due the printers for getting out the transactions of 1895. The society was, therefore, in debt to the amount of \$366.87 at the time of the treasurer's report.

Albert E. Bulson, Jr., chairman of the committee on arrangements, made his report of bill of expenses incurred, and showed that after deducting the amount received from exhibitors and other sources the society would have to pay but \$61.68.

Dr. A. W. Brayton, chairman of the committee on publication, reported as editor of the transactions, that 1,419 copies were sent to society secretaries, and some 30 copies to public libraries, state societies and medical journals, and the cost was \$1,038.90.

Upon motion of Dr. Daugherty, of South Bend, a committee was appointed to report upon the following morning as to matters presented in Secretary Wheelock's report. Drs. Daugherty, C. B. Stemen, of Fort Wayne, and George J. Cook, of Indianapolis, were appointed by the chair to consider the secretary's report.

A communication was received from Dr. H. W. Loeb, secretary of the Mississippi Valley Medical Association, to meet with the society at St. Paul, October 20th to 23rd.

Dr. E. L. Larkins, of Terre Haute, made a motion to the effect that the society endorse the report of the Committee on Vivisection of the American Medical Association at Atlanta, opposing the action of the so-called Humane Society of the District of Columbia. The motion was carried.

The following societies sent up petitions to have the next meeting: Vigo and Miami.

The reports were completed and referred to their respective committees by 10:20 a. m., when the first paper upon medicine was read by Dr. H. H. Smith, of Vincennes, his subject being

"Placenta Previa." The venerable essayist read clearly and forcibly an excellent paper. The tampon was sanctioned. When the crisis arrives, and the life of mother or child is in jeopardy, the uterus should be emptied. The essayist had met four cases in a practice of nearly half a century. These were detailed. One mother was lost, and three children were lost due to premature birth.

The discussion was opened by Dr. B. Van Sweringen, of Fort Wayne, who commended the paper. The discussant thought the low attachment was usually due to a chronic endometritis, and therefore the most of the cases proportionally were in multipara. His impulse was always to hasten delivery. He could see no use in local or constitutional astringents; the tampon was in order.

Dr. Burckhardt, of Indianapolis, reported two cases of placenta previa, and continuing said: "Placenta previa very properly has been classified with ectopic gestation; this comparison holds good as well for the abnormal locations of the placenta as for the aetiology of placenta previa. The internal lining membranes of the tubes and the uterus is paved by ciliated epithelium, that oscillates in the tubes towards the womb, in the womb towards the tubal ostia. The cilia in the tubes carry the ova towards the uterus, the cilia in the uterus carry the sperm to the ostium of the tube, where inoculation takes place. The endometritis destroys this ciliated epithelium, therefore inoculation takes place near the internal orifice."

Dr. Leech, of Crawfordsville, thought the case more frequent than statistics implies. The discussant indulged in some reminiscences of cases which had occurred in the practice of his compatriots.

Dr. I. N. Rosenthal also discussed the essay, insisting on the use of the fingers instead of Barnes' dilators, tampon and early delivery.

Dr. Stemen, Sr., was opposed to the use of ergot.

Dr. M. I. Rosenthal, of Fort Wayne, reported three cases; one died at seven and a half months, due to loss of tonicity of



the uterine muscle; second case, seven months; version was employed in the third case and the woman saved.

In the absence of Dr. W. H. Link, of Petersburg, his paper on the "Surgical Treatment of Abortion" was passed; also the paper of G. B. Stemen, of Fort Wayne, on "The Vaginal Douche in Obstetrics," was passed on account of the absence of the essayist.

The fourth paper was on "The Future of Obstetrics," by Dr. Mary A. Whery, of Fort Wayne. The paper was a plea for capable accouchers and nurses rather than the employment of midwives. The ground taken by the essayist was commended and amplified by Dr. Luella Derbyshire, of Fort Wayne.

The last paper on the morning program was by Dr. J. Link, of Terre Haute, on "Hydrocele and Varicocele," which was begun at 11:15. Dr. Link always sees the total relations of his subjects, and is led into tangential excursions, comic or serious, as suits his turn. The paper was lengthy, but was well received, and time was granted for its completion, on motion of Dr. Brayton.

Dr. G. Smythe, of Greencastle, does not remove any portion of the scrotum; he makes three incisions, introduces iodoform and the scrotum retracts. No stitching is required and there is no hemorrhage; this operation should precede all others in 90 per cent. of cases.

Dr. Bruner, of Greenfield, detailed the methods of Senn for treatment of varicocele.

Dr. Link, of Terre Haute, opposed the injection of carbolic acid into serous cavities. Dr. Link in closing defended his methods in a masterly manner. Shortening the scrotal tissues works not infrequently a change in the entire disposition of the patient.

The society adjourned at 11:45 to meet at 1:30 p. m.

#### SECOND SESSION, 1:30 P. M.

"Cranial and Intercranial Injuries" was the title of a paper read by Dr. W. H. Myers, of Fort Wayne. The essayist objected to the term "concussion" and would substitute "injuries to the brain due to concussion." Injury is the primary factor. Concussion is synonymous with gross injury or contusion, or extra-

vasation of blood in the brain. Thirteen cases were presented from Bryant and others corroborative of this view. Regarding physical disturbances following injury, the author cited four cases in his practice where the primary injury resulted in loss of memory. Unconsciousness is a common result, and complicates legal proceedings for damages. The author speculated as to causes of loss of memory and consciousness.

The discussion was opened by Dr. G. H. Grant, of Richmond, who thought the idea of concussion being a shaking up of the molecules of the brain without visible lesions is preposterous.

Dr. Grant said:

This paper is a classic, and would seem to be the last word on the subject; and I feel that I can add nothing to what the essayist has presented. But there is one form of meningeal hemorrhage to which allusion was made at the conclusion, which I desire to mention, the meningeal hemorrhage of infancy. The foetus in utero may be destroyed by this accident coming on as a result of septic infection through the placental circulation—the mother being afflicted with one of the infective fevers. In this condition, the blood becomes altered as in any other septic condition, and in its altered condition, easily escapes through the vessel wall to produce a true cortical clot; as has recently been demonstrated in autopsies on still-born children. If such autopsies were more often done the condition would undoubtedly be found to be common. These cases are, of course, beyond any aid. But that other terrible form of infantile hemorrhage that comes from pressure during tedious labor, or the inadvertent use of the forceps, if it does not cause death, probably results in mutism, spastic diplegia, or bilateral hemiplegia as the essayist truly says, worse than death. But this we can not prevent. While it is too advanced ground to perhaps become a professional procedure, Gray advocates the induction of labor at the seventh month in those cases that pelvimetry has given warning of a too contracted birth-channel; and it would appear that this offers more to the child, with little more risk to the mother, than the life of a crippled idiot, with the tardy aid of the orthopedic surgeon.

Dr. G. W. McCaskey, of Fort Wayne, made a plea for a clear distinction between lesions and concussions of the brain; he thought they were frequently co-existing, but that there are molecular concussions pure and simple.

The paper was referred to the committee on publication. The reading and discussion occupied twenty minutes.



The second paper was by Dr. Edwin Walker, of Evansville, upon the "Abuse of Water in Surgery." There were 200 present at the reading of Dr. Walker's paper. Dr. Walker showed that the danger of infection of wounds from the air is very slight; the natural serum is the best dressing. If the hands and instruments are clean no water or dissolved antiseptics are necessary. There is too much wet dressing, too much wet sponging and irrigation. Water is rarely sterile and is difficult to secure in emergency cases. Dry sponging of clean wounds with sterilized gauze is the best method of antisepsis. The essayist never irrigates after curettement of the uterus or after early abortions before the third month. Irrigation not infrequently forces pus through the fallopian tubes and produces sepsis. The author has entirely abandoned water in all operations upon the external genital tract; he does not wet his instruments. A fair trial, the author thought, would convince any surgeon of the great superiority of the dry method.

Dr. F. J. Hodges, of Anderson, coincided generally with the essayist. But warm flushing of the intestines revives the patient by absorption of the water.

Dr. J. L. Gilbert, of Kendallville, did not think it was necessary to boil the water more than a moment.

Dr. Joseph Eastman, of Indianapolis, stated that if he ever reached the surgical heavens it would be by water. Sterilization is now reduced to the thermal and mechanical; the chemical is now almost entirely laid aside. The discussant stated that with Dr. Price, of Philadelphia, he flushed the abdomen, and Dr. Price has a greater per cent. of recoveries than any other operator whom he chose to believe. We should teach our students that antisepsis comes by water.

Dr. G. B. Stemen, of Fort Wayne, saw no advantage whatever from the teachings of the essayist.

Dr. H. O. Pantzer, of Indianapolis, emphasized the curative powers of nature. She can care for a simple fracture without ointment. Dr. Walker's paper expresses the modern views and results of the best operators. Dr. Howard Kelley is abandoning

the wet methods in laparotomy, and that with all the pathological backing of Johns Hopkins University. Dr. Pantzer was one of the first, as all his friends know, to abandon the excessive use of water and drainage.

Dr. J. Z. Powell, of Logansport, thought the essayist went to an extreme. He favored in contused and large wounds the use of hot water to stop the oozing and "vitalize" the tissues.

Dr. Smythe, of Greencastle, cited a case of retained placenta of three days' retention. Filthy water was brought; the case was septic; temperature, 105; the uterus was emptied, curetted and packed with dry gauze; after an hour the uterus contracted, the temperature fell to 100°, and recovery ensued.

Dr. C. W. Burkett, of Warsaw, supported the essayist, and advocated the dry dressings.

Dr. Ford, of Wabash, thought the discussion was a matter of individuality. Each of the surgeons he met got good results from the method he was most familiar with. For himself he was an advocate of dry dressing.

Dr. A. M. Hayden, of Evansville, supported the dry method in laparotomy; water disseminates the pus.

Dr. H. V. Passage, of Peru, asked as to the number of sponges necessary by the dry method.

Dr. Walker, in closing, contended for simplicity. He carried abundant sponges and pans. Water is used before the operation; never after the first cut. The essayist had not used his irrigating curette in two years, and in that time had not had an increase of temperature of 100°. He advised the opponents of the dry method to go home and try it. The paper and discussion occupied an hour, and presented the most vivacious of the meeting.

Dr. Martha J. Smith, of Indianapolis, read her paper, "Etiology of Diseases Peculiar to Women." The essay covered the ground of hygiene, social and sexual life and education. The attention was marked and the reading distinct and precise.

Dr. Sexton, of Rushville, complimented the essayist upon the thoroughness of the essay in calling up all the evils to which



women are subjected from puberty to the climacteric. The discussant thought the greatest number of difficulties of women were caused by bad obstetrical work on the part of the general practitioner, 80 to 90 per cent. Sepsis in your obstetrical wounds causes a large amount of the work of the gynecologist.

Dr. Greenawalt, of Fort Wayne, further castigated the meddling obstetrician. Specific vaginitis brought more disaster than any other cause save meddling midwifery. As a third cause he placed the results of criminal abortion. Some few cases may be due to worry.

Dr. Batman, of Ladoga, thought the stunting of beautiful girlhood was due to the teachers of our public schools who had taken education out of the hands of the physicians and patrons. Dr. Batman launched into the fairy land of speculation and ethics when the gavel of the president called him to earth.

Dr. Miller, of Goshen, enlivened the discussion with a good joke and a modern instance wherein the girl patient had been the rounds of the specialists and was cured by the general practitioner.

Dr. Louis Burckhardt, of Indianapolis, struck the key-note of the discussion as far as relates to obstetrics by denouncing digital vaginal examination, and was warmly applauded upon taking his seat.

Dr. Myers, of Fort Wayne, thought the failure to recognize early cancer was a source of frequent and unnecessary death.

Dr. M. I. Rosenthal, of Fort Wayne, condemned the crime of abortion in modern life; he also stated that for forty years he had used disinfectants, namely, the tincture of iodine, and that the results were as good as at present.

Dr. Link, of Petersburg, thought washing the hands had little to do with sepsis in country practice. The prevention of conception, Dr. Link thought, was a frequent cause of disease in women.

Dr. Schwartz discussed various methods in the third stage of labor as related to the discussion.

Dr. VanBuskirk, of Fort Wayne, further condemned the frequency of criminal abortion. He defended the school teachers; they are the instruments of a system only.

Dr. Smith closed the discussion, which had extended over an hour and covered a wide range of topics; the essayist stated that no true woman would desire or cause an abortion, whether she was a physician or not. Dr. Smith's paper and sentiments of true womanhood were warmly applauded.

In the absence of Dr. L. H. Dunning, of Indianapolis, his paper on "Diffuse Pelvic Inflammation" was referred for publication without reading.

Dr. Herman A. Duemling, of Fort Wayne, read his essay on "Perineorrhaphy and Perineoplasty," which was based upon an anatomical study of the parts, and well-digested and considered clinical observation.

Dr. Joseph Eastman, of Indianapolis, commended the essay. He would in every case before operation dilate the anal sphincter. The rectum should be well held back by the assistants at the time of bringing the sutures together. Failure to paralyze the sphincter is a frequent cause of failure to unite in primary operations. In answer to a question by Dr. J. Powell, Dr. Eastman thought the operation might be done a week or two weeks or two months after delivery.

Dr. H. O. Pantzer commended the technique of Dr. Duemling's method, and advocated the use of a good table rather than operating upon a bed or lounge. In cases where the parts are sodden by long pressure of the child's head, it is necessary and proper to wait until vitality is restored to the injured tissues.

Dr. I. Rosenthal, of Fort Wayne, discussed the details and time of operation at some length.

Dr. Duemling closed the discussion in a way that showed he was master of the method and the situation.

At this time, 4:10 p. m., many of the audience retired, as the group of papers on Diseases of Women was now closed and the eye group was taken up. This series was opened up by Dr. David W. Stevenson, of Richmond, a "Plea for Preliminary



Iridectomy in Cataract Extractions." The paper was discussed by Drs. K. K. Wheelock, of Fort Wayne; J. P. Worrell, of Terre Haute, and Geo. F. Keiper, of Lafayette.

The essayist, in closing, regarded in iridectomy by a clean surgeon as safe as removing a tonsil. The essayist had practiced in China; he read and spoke well, and his essay was highly commended by the oculists present.

Dr. George F. Keiper, of Lafayette, read a paper upon an "Epidemic of Trachoma, occurring in a juvenile home under his care. A similar epidemic (contagious) occurring in the St. Vincent's Orphan Asylum, Fort Wayne, was observed by Dr. Bulson, who has the institution under care.

Dr. J. O. Stillson, of Indianapolis, read his paper, "Black Cataract—Report of a Case," which was discussed and referred for publication.

Dr. J. W. Brunker, of Riley, read a paper on "Intubation," recommending it as the proper operation for the general practitioner. The essayist regarded it as great a discovery as vaccination; it has saved more lives since its inception than a hundred years of tracheotomy.

Dr. Lewis C. Cline, of Indianapolis, found, on comparing the statistics of tracheotomy and intubation, that the mortality was about the same. The discussant thought the operation had come to stay, and is applicable in a wide range of pathological conditions.

Dr. Guido Bell, of Indianapolis, was requested to speak of his method of inserting the tube, without the use of the gag, and of removing it without the extractor. He has used the methods in over a hundred cases since 1888. Dr. Bell has used the anti-toxin treatment in forty different cases, with death in but one case. He regards it as the most hopeful treatment of diphtheria.

Dr. Bulson, of Fort Wayne, like Dr. Cline, thought the benefits of intubation were over-estimated. The operation is done in many simple cases where tracheotomy would be delayed; hence the statistics are favorable to intubation. Among the accidents

of intubation is that of pushing a plug of mucus before the tube. Again, the tube does not reach far enough to admit the air to the lungs.

Dr. Powell continued the discussion, holding that the statistics of intubation are overcolored and fallacious.

Dr. H. G. Passage, of Peru, was not a user or believer in intubation, as there is no reason in obstructing an already obstructed trachea. He would substitute Brainard's tracheotomy.

Dr. Sweringen, of Fort Wayne, advocated antitoxin; his city is the home of diphtheria; it is always present, but since the use of antitoxin nearly every case has recovered.

Dr. Bond, of Richmond, thought the members were discussing two different conditions—diphtheria and membranous croup; they have the same bacillary cause, but are different in their seat and effect.

Other members spoke approvingly of antitoxin; there was not an opposing voice; one thought the physician was criminally liable who does not use antitoxin.

The essayists closed what proved to be the third discussion of the day of absorbing interest and which extended from five to six o'clock.

The society adjourned after reading and discussing eight papers in four and a half hours continuous session.

### THIRD SESSION—7:30 P. M.

The exercises opened with the overture, "Raymond" (Thomas), by Reineke's Orchestra.

The President, Dr. Miles F. Porter, of Fort Wayne, read his address—subject, "The Physician's Relation to the Body Politic." (Dr. Porter's address will be found elsewhere in this number.—ED.)

The address on "Medicine" was by Dr. B. Van Sweringen, of Fort Wayne. He discussed the relation of special organs, as the liver, pancreas and kidneys, and their secretions, to the entire organism. The essayist cited the common knowledges as to the effects of removing the pancreas and thyroid, as well as the pituitary body. The essay, in brief, was a review of the physi-



ology and pathology of the ductless glands, followed by a second section on immunity and the resulting serum method of treatment. The study covered a half century of physiological research; its facts were very prettily put together.

The orchestra broke in between Dr. Van Sweringen's address and Dr. Potter's report on bacteriology for the year, with Kerker's "Brigands," excellently rendered, and a visible relief to the large audience, bewildered by the dense technicalities of the modern physiological and bacterial pathology.

This is the fifth report upon the progress of bacteriology made by Dr. Potter. The main part of it was devoted to the relations of diphtheria and membranous croup, so-called. The essayist advised physicians to support the health board in their recognition throughout the state of the similarity in etiology of the two different clinical series of symptoms presented in tonsillary and laryngeal diphtheria. Dr. Potter's report received the closest attention of the audience, both lay and professional, as he cited the findings of Dr. Welch, of Johns Hopkins University, in favor of the antitoxin treatment. The report added very little to our knowledge, as little has been added by pathological research during the year. In closing Dr. Potter said:

From the west, from the rising empire of Japan, comes the news confirming that announced before, that Kitasato had discovered, cultivated and proven the specific character of the microbe of the bubonic plague which has raged in China during the last two years; and thus another mark of honor has been won by the already famous Japanese, who a few years ago was a favorite pupil and assistant of Koch in Berlin, and thus, too, peace, co-operating with science, has had her victories in Japan as well as war.

The report on surgery was made by Dr. Fred J. Hodges, of Anderson. The essayist gave an interesting series of speculations as to the nature of vitality, leaning towards the modern chemical and physical notions as opposed to the vitalists. The essay was interesting and well received. The author retained certain experiments he had made for presentation in the transactions; these researches, he claimed, demonstrated that air held in cavities in animal bodies may follow the lines of least resistance,

enter the venous circulation and cause great distress and even death.

To the music of Waldteufel's "Espanita" the audience left the assembly room for the reception at the Fort Wayne Club.

SECOND DAY, FRIDAY, MAY 29.

Dr. George C. Stemen, member of the committee on the Effects of Alcohol in Health and Disease, read a paper upon "The Use of Alcohol in Surgery." The committee on Inebriety was continued by consent of the society upon motion of Dr. Brayton, as follows: Drs. Homer J. Hall, of Franklin, chairman; George C. Stemen, of Fort Wayne; G. R. Green, of Muncie; Franklin Greenwell, of Fort Wayne, and C. A. Daugherty, of South Bend.

The committee appointed by President Bond, of Richmond, in 1894, by request of Dr. Hall, (page 252, Transactions 1894,) consisted of Drs. Hall, Smythe, Fletcher, Fairfield, and G. C. Stemen. At the meeting of 1895, Dr. Hall reported that a subject was assigned to each member of the committee at a conference meeting held September, 1894. Dr. W. B. Fletcher gave in a report on the "Effects of Alcohol on the Nervous System;" Dr. Smythe on the "Treatment of Alcoholism;" and Dr. Hall upon the "Action of Alcohol upon the Heart and Blood." Dr. Fairfield and Dr. Stemen failed to give in their reports upon "The Legislature Necessary to and in the Proper Care and Treatment of Alcoholics," and "The Influence of Alcohol in Surgery," respectively. The papers of Drs. Hall, Smythe and Fletcher are in the transactions for 1895, pages 330 to 341 inclusive.

The reading of Dr. Stemen's paper at Fort Wayne, and the presentation of a paper on the "Treatment of Alcoholics and Inebriates in State Hospitals," by Dr. Hall, completed the work by the committee.

Following is Dr. Hall's summary of his paper:

This paper shows that the pathological condition of the organs of an inebriate demonstrates that he is a diseased man. And as such he does not require prison confinement with criminals, as he often receives. Science and



humanity both indicate that he requires curative treatment in a restorative home or hospital.

The treatment of chronic inebriates in general practice has not been satisfactory, chiefly because the doctor does not have proper control of his patient, who is constantly surrounded and his system constantly supplied with the cause of the disease. But when these diseased men have gone away from their old environments, and placed themselves under the care of one of the members of our profession in a hospital for that purpose, their treatment and recovery is usually most satisfactory.

The secret and unscientific treatment, known as "Keeley cure," has proven a failure, because it is a physiological impossibility to restore the diseased organs of an inebriate, in the brief space of four to six weeks, as they claim to do. Still this false treatment has received the sanction and assistance of seven legislatures, while the regular profession has secured favorable legislation aiding in the proper treatment of inebriety in only two States, Massachusetts and Connecticut.

Dr. Potter made a report of the Committee on Collective Investigation; Potter, chairman; Edwin Walker and C. S. Bond.

The committee recommended the annual appointment of a committee on collective investigations who should have charge of the collection and tabulation of information gathered from members of the Society who should volunteer to aid in the work. The committee should select at least two and not more than four subjects for the year's investigation, according to its own judgment or the order of the society.

Dr. Potter then requested the society to release him from further duty of the annual report upon bacteriology, expressing the opinion, that with the progress of general knowledge upon the subject, it was no longer necessary.

The annual report upon medicine and surgery were dispensed with, but the report upon bacteriology was ordered continued by a large majority, in spite of Dr. Potter's objections.

The committee on Ethics was discharged, as Chairman Daugherty had no matters to bring before the society; the doors of the Temple of Janus had remained closed throughout the year.

Dr. William P. Wherry, of Fort Wayne, read a paper on "The Medical Statute of Indiana." Dr. Wherry stated the following views:

The main defect to be remedied by an amended medical act is the power of the State Board of Health. This board should be empowered to superintend every matter connected with the sanitation of the State. This includes the registration of medical practitioners and the consideration of their qualifications. It should also include the superintendence of examinations of practitioners intending to settle in the state. The members of boards of examiners should be chosen by the Indiana State Medical association, not by the colleges nor by the board of health. We can hardly expect a perfect act, but from year to year we may better our position, and in drafting an act we must try to avoid exciting opposition to its main provisions.

Dr. Wherry's paper was discussed by Dr. Norman Teal, of Kendallville, who has been two terms in the Assembly and one in the State Senate. He insisted there should be an able committee appointed by the State Society to secure better legislation. He would recognize no school in appointing health officers; only physicians. The State needs scientific physicians, regardless of schools.

Dr. A. E. Van Buskirk, of Fort Wayne, did not agree with Dr. Teal that none of the State laws are of any worth; on the contrary the State law permitting the legal securing of bodies for dissection in our medical colleges had cost him \$800. It cost \$155.16 sheriff's fees (the doctor was in jail previous to the law). His remarks elicited much interest and amusement.

Dr. E. J. McOscar, of Fort Wayne, spoke vigorously to the question, castigating the poorer medical schools.

Dr. Joseph Eastman, of Indianapolis, said the weakest point in our law is that the county clerk has no standard of the value of a medical college; his idea of a diploma is a source of fees to himself.

Dr. George B. McClellan Bower, of Fort Wayne, had opposed the appointment of any college professor upon medical examining boards.

Dr. Eastman stated with good natured satire that he would not even permit Dr. Bower on an examining board, because a



graduate might be prejudiced in favor of his alma mater, and give licenses to her graduates.

Dr. Ford, of Wabash, spoke to the question, which was closed by the essayist at 10:50, after nearly an hour's discussion before an audience of nearly 200 delegates and their friends.

Dr. G. R. Green, of Muncie, read a paper on two unrelated subjects, "Medical Evidence and Coroners." He opposed coroners, as they are judicial officers shorn of all power except that of apprehending criminals. He favored the German custom of no coroner, or the French regime by which the coronial function is left entirely to the prosecuting attorney.

A motion of Dr. Bowles, of Muncie, approved by E. J. McOscar, of Fort Wayne, that a committee of three be selected to confer with the State Bar Association, and with their aid secure the abolition of the coronial office in Indiana, was strenuously opposed by Dr. C. B. Stemen and Dr. Teal, of Kendallville, and was defeated by a considerable majority.

Dr. F. C. Heath, of Indianapolis, read a brief paper on the "Common Use of Glasses," which was discussed by Dr. Charles K. Bruner, of Greenfield, and was listened to with close attention.

The next paper was on the "Diagnosis and Treatment of Meningeal Hemorrhage," by G. W. McCaskey, of Fort Wayne.

#### FIFTH SESSION, FRIDAY, 1:30 P. M.

The final session for business and reading of papers opened with a large attendance, over 175 being present.

Dr. H. O. Pantzer, of Indianaapolis, read a paper entitled "Modern Views Regarding the Physiology of Matrimonial Sterility," which will be published in the July issue of this journal. The *Fort Wayne Journal* said: "Dr. Pantzer was so plain, so frank, so forcible and so full of things that sociey should know that it is to be regretted his extremely able paper will not have a wider circulation than the published transacions of the society.

Dr. Guido Bell, of Indianapolis, read a contribution to speculative research entitled, "Human Physiology in Its Relations to Biology," which was listened to with close attention.

Dr. A. P. Buchman, of Fort Wayne, stated that Dr. Bell's views are at issue with physiologists, and therefore difficult of discussion. Dr. Bell would have us regard the entire body as a cell, and so springs the whole question of vitalism as opposed to the chemical and mechanical theories of life. If we begin with vitality we have a philosophical and logical point of departure. Dr. Bell's paper is entirely defensible.

Dr. Jas. F. Hibberd, of Richmond, confined at home by illness, sent over the following resolution, which was presented by Dr. G. H. Grant, of Richmond:

*Resolved by the Indiana State Medical Society,* That it is the moral, social and legal duty of all physicians to report to the proper health authority all births, deaths and communicable disease as prescribed by law, occurring in their respective practice, to the end that the public may be benefited.

Dr. Grant stated, in support of the motion advising doctors to support the work of the State and local health boards by reporting all contagious diseases without fee for the service, that a communication which he held from Attorney General Ketcham stated that physicians are possessed of several exemptions. They were not drafted in war; an old statute exempts them from jury duty; in large cities they have the right of way on the streets; may drive rapidly, and in some cities need not wait for funeral processions.

The motion carried without dissent.

The paper of Dr. Hibberd, "Auto-Activities of the Human Body;" that of Dr. A. E. Sterne, of Indianapolis, "Cerebral Arterio-Sclerosis and Apoplexy;" "Sanitary Problems Concerning Tuberculosis," by Frank B. Wynn (late City Sanitarian); "Inter-Cranial Lesions with Paralysis of Several Cranial Nerves," by J. T. Masters, of Indianapolis, were referred to the Committee on Publication, without reading, in the absence of their authors.

Dr. Theodore Potter read his paper, "Modern Problems Concerning Tuberculosis." The subject was continued by Dr. John



B. Fattic, of Anderson, with the topic, "Is Consumption Ever Curable."

Dr. E. L. Larkins, President of the Terre Haute Society, read a series of "Collective Reports from 132 Cases of Diphtheria and Diphtheritic Croup," with comments and conclusions.

It was now 3:30 o'clock, and most of the members living in the central and southern parts of the state withdrew to take their trains for home.

Dr. J. A. Goldsberry, of Bloomington, read a paper on "The Therapeutics of Typhoid Fever." He advocated abundant skim-milk diet; the cold bath treatment. He had used large doses of quinine on alternate days, producing moist skin and ablation of fever with refreshing sleep. He had supplemented quinine with the wet pack. Antiseptics are indicated theoretically. Calomel was given in purgative doses at first; mineral acids in impaired digestion; opium in diarrhoea; alcohol in depression with strychnia; digitalis rarely. Prognosis should be guarded.

DR. E. J. McOSCAR, Fort Wayne: It doesn't matter how we apply cold water. Can be done at the cross roads as well as the best hospital. Can use a sprinkling can or sponge. As to therapeutics we don't want much of it. Patient gets too much. High temperature is not what kills a patient with typhoid fever. The fever comes back until the cause is removed, and the cause is the point at which treatment is directed. Antiseptics is the main feature in treatment.

DR. S. H. HAVICE, of Fort Wayne: Germs are not alone found in the stools, but found also in urine, which should be disinfected as well. Physicians give entirely too much medicine.

DR. BURKETT, of Warsaw: Disagreed with Dr. McOscar concerning the innocuousness of high temperature. Certainly hyperpyrexia causes changes. He believed turpentine is as essential in typhoid as quinine in malaria.

DR. McCASKEY, of Fort Wayne: Germs are not as quickly killed as some think. Some germs require many minutes. Anthrax requires boiling for an hour. Coal-tar products should be condemned. Cold water only is permitted as antipyretic in typhoid. High temperature does cause degenerative changes.

DR. PANTZER of Indianapolis: It is perplexing to read of opinions for and against reduction of temperature. When the temperature is dangerous, coal-tar products do good; the tongue becomes moist and all secretions are

revived. We can feed our patients when the glands are active. The consequences of high temperature should be met promptly.

DR. McDONALD, of Warsaw: Disagreed with Dr. McOscar about the ability to apply cold water treatment at any place; patient should be put in bath; this a great advantage.

DR. GERRISH, of Seymour: As to disinfectants, he would keep the disinfectant in the vessels all the time.

DR. HODGES, of Anderson: Would like to speak of podophyllin. It is more than a gastro-intestinal stimulant; it restores glandular activity. If exhibited in the beginning tympanites never appears; foul tongue likewise nor high temperature. Given with arsenic is a tissue tonic. The only inconvenience is that patient is confined to bed. I don't think it can be aborted. It is the eliminatives which are of benefit. Give one-fourth of a grain in brandy; diminish or increase so as to get two movements in twenty-four hours.

DR. PANTZER: Does Dr. Hodges rely solely on antiseptics? Is it not the antiseptic action of the secretions that does good?

DR. HOGES: Yes, sir.

DR. FORD, of Wabash: If you keep the bowels open you prevent absorption of poisonous ptomaines.

Dr. N. J. Kithcart, of Columbia City, read a paper, "Diagnosis of Cancer of Stomach." The essayist thinks cancer much more frequent than formerly, and that the diagnosis is rarely made early. He believed more careful study of symptoms will enable an early diagnosis to be made.

Patients with cancer of the stomach abhor meat, probably because of the absence of hydrochloric acid in the secretion. Pain is a variable symptom, and depends much on the location of the tumor.

Dr. Wilson, of Plymouth, thinks symptoms, in the absence of tumor, should not be relied on to make a diagnosis. He had arrived at diagnosis by microscopical examination of fragments.

Dr. Geo. Stemen, of Fort Wayne, moved that the remainder of the papers be referred by title, and that after executive business the society adjourn, as it was now after five o'clock.

The papers remaining unread were, "Oscillations in and Evolution of the Present Treatment of Typhoid Fever," by O. A. Rea, of Marmont; "Diabetes Mellitus; its Modern Treatment," by Carl Proegler, Fort Wayne; "Oxygen Inhalations in



Pneumonia," by Walker Schnell, of Terre Haute; "The Management of Purpura Hemorrhagica," by George B. McClellan Bower, of Fort Wayne; "The Practice of Medicine in the Light of Bacteriology," by H. C. Hume, of Terre Haute; "Some of our New Therapeutic Resources," by S. H. Havice, of Fort Wayne; "The Relation of Pathogenesis, Morbid Anatomy, and Diathesis," by H. H. Weer, of Bluffton; "Drawbacks to the Financial Success of the General Practitioner, by T. F. Leech, of Crawfordsville.

The following resolutions from Wabash county was adopted:

WHEREAS, Several of our most wealthy life insurance companies have arbitrarily fixed the fee for medical examinations at \$3, at the same time requiring additional clerical work, physical examination, examination of urine, etc.; therefore be it

*Resolved*, That it is the sense of this meeting that \$5 is a reasonable fee for such services, and the dignity and honor of the profession demand that this shall be the minimum fee.

A. J. SMITH,

R. Z. BLOUNT,

*Com. Wabash Co. Med. Society.*

Terre Haute was selected as the next place of meeting. The time of meeting was left to the Committee of Arrangements according to the usual custom.

Dr. Ford, of Wabash, the President-elect, was introduced and thanked the society for the honor conferred. Dr. L. J. Weinstein, of Terre Haute, moved that the Society return thanks to retiring President, Dr. Porter, and the officers associated with him in the conduct of the meeting.

Dr. Weinstein, in thanking the society for the honor conferred upon his city, said: "We thank the society for sending the next annual meeting to our city. We appreciate the honor and all citizens of Terre Haute will try hard to deserve it. If you will all come down there we will give you as good a time as you have enjoyed in Fort Wayne. We bid you welcome in advance.

The society then adjourned sine die.

# OFFICERS AND COMMITTEES OF THE INDIANA STATE MEDICAL SOCIETY, FOR THE YEAR 1896-7.

The following is a list of the officers elected by the society at the Fort Wayne meeting to serve for the coming year:

President—J. H. Ford, M. D., Wabash.

Vice President—W. F. Batman, M. D., Lebanon.

Secretary—F. C. Heath, Indianapolis.

Assistant Secretary—J. W. Rucker, M. D., Shelbyville.

Treasurer—A. E. Bulson, Jr., M. D., Fort Wayne.

President Ford has announced the following committees:

## ETHICS.

Chairman—C. A. Daugherty, South Bend.

Edwin Walker, Evansville. H. O. Pantzer, Indianapolis.

Wm. Flynn, Marion. J. D. Gatch, Lawrenceburg.

## ARRANGEMENTS.

Chairman—E. L. Larkins, Terre Haute.

Geo. R. Green, Muncie. H. T. Montgomery, South Bend.

W. F. Lawson, Danville. E. P. Easley, New Albany.

## PUBLICATION.

Chairman—A. W. Brayton, Indianapolis.

A. E. Bulson, Jr., Fort Wayne. Thèodore Potter, Indianapolis.

Allison Maxwell, Indianapolis. F. C. Heath, Indianapolis.

## FINANCE.

Chairman—Allen Pierson, Spencer.

Geo. F. Beasley, Lafayette. J. C. Sexton, Rushville.

J. O. Malmsburg, Peru. M. F. Gerrich, Seymour.

## CREDENTIALS.

Chairman—W. G. McFadden, Shelbyville.

Clark Cook, Fowler. H. M. Smith, Vincennes.

L. W. Smith, Wabash. J. T. Chenowith, Winchester.

## MEDICAL LEGISLATION.

Chairman—W. N. Wishard, Indianapolis.

G. W. Kemper, Muncie. G. T. Edenharter, Indianapolis.

T. C. Kennedy, Shelbyville. A. M. Owens, Evansville.



## NECROLOGY.

Jas. F. Hibberd, Richmond.

## BACTERIOLOGY.

Theo. Potter, Indianapolis.

By vote of the society the annual addresses on surgery and medicine were abolished. If the society saw fit to abolish the annual addresses on surgery and medicine it ought also to have seen fit to abolish the annual address on bacteriology, and to discontinue the committee on collective investigation. So far as we know, the latter committee has made absolutely no report, and have served from year to year as figure heads. If no report is made, the committee should be discharged and no new committee appointed.

---

## THE WHITLEY COUNTY MEDICAL SOCIETY.

A regular meeting of the Whitley County Medical Society was held at Blue Lake on Tuesday, June 9th. An interesting program had been prepared, and many physicians outside of the county received invitations asking that they bring their wives to enjoy a day's outing at the lake. Eight Fort Wayne physicians with their wives attended the meeting and constituted the entire and only attendance outside of Whitley county. Unfortunately a severe rain storm set in early in the day, and this prevented the expected and usual attendance of the regular members, but what was lacking in numbers was fully made up in interest. The visitors are indebted to the society for not only many courtesies but also a bountiful dinner and supper which were served in one of the commodious boat houses on the edge of the lake.

The principal paper of the meeting on "Some Considerations Regarding the Management of Appendicitis," was presented by Dr. Magers, of Churubusco. The essayist took the ground that appendicitis is a disease which has been much mismanaged by way of treatment, and the proper management of which is still a question of debate. While not condemning operative procedures in well selected cases, he condemned the practice of some

surgeons of operating upon every case of appendicitis as soon as the diagnosis is made. In his experience, covering a large number of years, he has frequently been called upon to attend cases of appendicitis, and not always being able to bring to his assistance competent surgical aid, or wishing to undertake operative procedures himself, he has been obliged to trust to medicinal measures for relief. The success attending this course of treatment, which essentially included nothing outside of nature's resources, had been so marked that he had reason to doubt not only the propriety, but the efficacy of an operation to relieve this disease. Some of the cases that recovered without operation were what might be called severe, and which at the time were supposed to be nearing a fatal termination. Others of the recurring form had ended in complete cure. Dr. Magers thought that if there was any one class of cases which demanded operative interference above others, it was the class in which attacks of appendicitis succeed each other and grow in frequency and severity.

The discussion was opened by Dr. Porter, of Fort Wayne, who commended the paper and advocated great discretion in the selection of cases for operative procedures. In a somewhat extended experience, the speaker had found that cases of appendicitis would die at times under the best treatment *without* operative interference, and at other times under the best treatment *with* operative interference, and in each instance care and judgment had dictated the course to be pursued. He maintained that the first and foremost thing to do is to make a correct diagnosis of the trouble, and then to operate only when the prognosis, judged from experience, indicates an unfavorable termination. He could not agree with some authorities, who state that a case of appendicitis should be operated upon as soon as the diagnosis is made, and he could not agree with other authorities, who state that a patient with recurring attacks of appendicitis should be operated upon at a period between the attacks. He believed that many cases of recurring attacks of appendicitis eventually result in cure, but in those cases in which the at-



tacks increase in number and severity, he thought it perfectly proper and judicious to operate between the attacks and remove the cause of trouble.

Dr. Buchman, of Fort Wayne, contended that this was an era of surgical blunders, and he would not favor operative interference. He thought that very much could be accomplished by the most rigid attention to rest and diet, particularly the latter. In his experience he had found that certain forms of food tended to produce fermentation within the bowels, and thus augment any inflammatory condition that might be present or threatened. With an early diagnosis of threatened or established appendicitis, he thought it possible to do much toward relieving the patient, as well as producing a cure, by inaugurating suitable diet. This plan was also recommended particularly in those cases which are known as belonging to the recurring type.

Dr. McCaskey, of Fort Wayne, said that it occurred to him that many cases were diagnosed as appendicitis which in the true sense of the term were not appendicitis at all. He believed that many of the favorable results reported as due to operative interference would have been secured had the patient been properly treated without operation. At best, he thought that it was proper to rely upon the diagnosis of some skillful surgeon, and then proceed to operative procedures only when the exigencies of the case seemed to demand something more than the old time treatment to secure favorable results.

Dr. Kithcart, of Columbia City, said that he had had a few cases of appendicitis which at the time he had considered favorable for operation, but which made a favorable recovery without operation. In one instance when a fatal termination seemed imminent and an operation was advised, but was either rejected or omitted from some cause or other, the disease took a turn and the patient went on to recovery. This had led the speaker to consider with more than ordinary discretion before deciding to use the knife.

Dr. Stemen, of Fort Wayne, stated that he had on one or two occasions decided to operate upon patients suffering from appen-

dicitis, but before operating had seen the disease take a favorable turn and proceed to recovery without the use of the knife. Other cases had ended fatally when he thought that operation might have proven beneficial and saved the life.

Dr. Squires, of Churubusco, thought that the problem of the proper treatment of appendicitis was as far from being solved as it ever was, as opinions differed so radically as to the value of operative interference. He thought the time would come when operations for appendicitis would be very limited in number and confined to only the most desperate cases, when everything was to be gained and nothing lost.

Dr. Porter, in this connection, called attention to the fact that with the present surgical precautions that are always followed there is comparatively little to be risked in opening the belly, but that the one principal thing to be feared was the effects of the shock.

---

#### THE DELAWARE DISTRICT MEDICAL SOCIETY.

The thirty-ninth semi-annual meeting of the Delaware District Medical Society was held at Dunkirk, Indiana, June 16th and 17th. Never in the history of the society has there been such a program presented, and we think the society never had such an attendance as was seen at Dunkirk. To an outsider there was but one criticism to offer, and that was regarding the mistake made in giving the meeting to such a small town as Dunkirk, and a town with so limited railroad facilities.

The meeting was in every respect a success, the papers being of unusual excellence and well discussed. Perhaps the most interesting part of the program was the address of Prof. Parvin, of Philadelphia; the clinic by Prof. Senn, of Chicago, and the "talk" by Prof. Klebs, of Chicago. Dr. Parvin, contrary to expectations, did not deliver an address upon a medical subject, but preferred to talk upon what he termed "Human Conduct." The doctor is a pleasing speaker, and entertained his hearers with some good sound advice regarding the manner of conduct-



ing one's self, and illustrated his points by well told, witty and appropriate anecdotes.

The clinic by Dr. Senn was like all of Senn's clinics, well worth the attention of every medical man. Among interesting cases was one of a slow growing tumor on the face of a young lady, seventeen years of age. The tumor had reached an enormous size and apparently sprang from some part of the bony structure of the nose, inasmuch as the organ was enormously distended, distorted, and perverted. After obtaining the history and carefully examining the case, Dr. Senn called attention to the principal characteristics of the tumor, giving the diagnostic points in detail. His diagnosis was osteo-chondroma, and his prognosis favorable, providing the tumor was thoroughly removed. An operation was deemed advisable, not alone for the cosmetic effect, but because the extension of the tumor would result fatally, and an operation, while necessarily somewhat hazardous, offered means of permanent relief.

Another case was that of a man forty years of age, who had had recurring attacks of appendicitis. Upon examination, Dr. Senn discovered a tender spot in the region of McBurney's point. In this connection Dr. Senn took occasion to condemn the prevailing practice of many surgeons of operating upon nearly every case of appendicitis that came to notice. Operative cases of appendicitis must be selected with the utmost discretion, as many of the cases of appendicitis which some surgeons might think would not get well without operative interference, would recover if left alone. The patient under examination had had recurring attack of appendicitis, but contrary to expectations, each attack had been of milder character than the previous one, and Dr. Senn therefore advised against operative interference and gave a prognosis of ultimate and complete recovery from the trouble.

The society is under obligations to Dr. Senn for bringing to the meeting the renowned Prof. Klebs, (he of Klebs-Loeffler fame), and it was with intense interest that the members listened to the impromptu lecture by that noted investigator. Prof. Klebs' remarks turned principally to the subject of the antitoxin

treatment of tuberculosis, and naturally he went somewhat into detail regarding his experiments with anti-tuberculous vaccine. Prof. Klebs was led to experiment in this direction because of the toxic effect produced in the human subject by the use of *tuberculin*, which has already been demonstrated to be of value in the treatment of tuberculosis. His experiments for the removal of toxins first led to the employment of *tuberculocidin*, and further resulted in the purified product which he calls *anti-phthisin*, representing the germicidal properties without toxins. This remedy gives an entire and complete cure of tuberculosis in guinea pigs, and Klebs says 90 per cent. of good results in all stages of human tuberculosis.

The remedy can be given to the human subject in doses several thousand times greater than tuberculin without producing any depressing effects on the heart, or any other undesirable effects. The dose for an adult is 1-10 of one cubic centimeter, and this dose may be increased by 1-10 of a cubic centimeter a day until one cubic centimeter is reached. The maximum dose that has been reached is 10 cubic centimeters a day. After 100 cubic centimeters have been used, an intermission of some weeks or months might be allowed, or the treatment stopped entirely.

Prof. Klebs was somewhat modest in his claims for anti-phthisin, and made but casual mention of the remarkable results attained by many prominent observers, who are now employing the remedy in the treatment of tuberculosis in all its stages. We therefore take pleasure in reproducing some of the statements of Dr. Carl Von Ruck, (the well known authority who has treated many thousand cases of tuberculosis), regarding the value of Dr. Kleb's antiphthisin. Dr. Von Ruck says :

"Having now a year of clinical experience of its employment in pulmonary tuberculosis, during which I have treated nearly a hundred patients with antiphthisin, and having had as good opportunity as a special institution under most careful observation of the patients in the light of a considerable previous experience can afford. I can only say that my conviction as to its clinical value has steadily grown stronger, and that I have uniformly observed favorable changes in the tuberculous processes, often to their entire disappearance, in the lungs of my patients, with return to normal conditions, where percussion and auscultation had given every evidence of a pathological state before its application. I have further seen



the rapid involution of the tubercle bacilli in the sputum, and their entire disappearance from it while the sputum was still purulent, in early stage cases; I have not observed their return in such sputum upon subsequent examinations when continued until no more expectoration was available. On the other hand, I have seen the persistence of consolidation, on only partial clearing up of the percussion note, or noted no apparent change at all, especially in old lesions and over cavities, and I have explained this by the fibroid changes which were evidently present. In cases with cavity the tubercle bacilli have been much more persistent, and degenerative forms did not appear as early in globular or cavernous sputum. It is similar with the fever, but most encouraging, as to the specific effect of the remedy, has been its success in acute cases, of which I have had four among my patients. All the patients dated the beginning of their illness from within two months, and severe anaemia, exhaustion, and rapid emaciation were well marked symptoms. In every one of these cases the fever began to decline within the first two weeks; it soon became intermittent, and after a month or six weeks it was so far controlled that it rarely reached 100° Fahrenheit, while the local and general improvement of the patient was satisfactory in the highest degree. One patient is discharged apparently cured, the three others are still under treatment and are steadily improving.

"In the early stages of the chronic form I have without exception seen the same favorable course. On the other hand, I found the temperature less influenced in cases which had suppurating cavities, or which presented evidence of cheesy pneumonic processes, with or without apparent softening and progressive destructive changes. The local and general improvement in such cases was, as a rule, less evident, although some portions of the consolidation present cleared up in almost every case treated. In quite a number of such advanced cases the improvement became more manifest as the treatment was continued, and led to satisfactory restoration of the general health and apparent arrestment of the local disease, justifying the discharge.

"With this clinical evidence in my own cases, and with corroborating statements by all other practitioners who have used the remedy for a sufficient length of time, I believe that I can conscientiously recommend its trial to the profession, especially since I have not seen the slightest indication of any harmful incidental effect.

"In conclusion I would once more call attention to the necessary limitations of the remedy which suggest themselves from a full consideration of the pathology of the tuberculosis, especially of the advanced stages, and which my experience has shown to exist. If we bear these things in mind we shall not expect to accomplish the impossible, or shall we be likely to suffer disappointment."

Space does not permit of our making mention of the many good papers that were presented at the Dunkirk meeting, but we hope to give a further report in our next issue, and expect to publish some of the papers and discussions in full. We are safe in saying that the society will have to do considerable hustling if they make their next meeting, which is to be held in Anderson, as much of a success as the one at Dunkirk.

# Fort Wayne Medical Magazine.

---

VOL. IV.

JUNE.

NO. 6.

---

## EDITORIAL STAFF:

ALBERT E. BULSON, JR., B. S., M. D., MANAGING EDITOR,  
19, 20, 21 Pixley-Long Building.

MILES F. PORTER, A. M., M. D.,  
47 West Wayne Street.

GEORGE W. MCCASKEY, A. M., M. D.,  
107 West Main Street.

BUDD VAN SWERINGEN, M. D.,  
26 West Wayne Street.

FRED J. HODGES, B. S., M. D.  
Anderson, Indiana.

---

A Journal of Medicine and Surgery, Published between the 1st and 10th of every month. Price, \$1.00 per Year, Postage Paid.

This Journal is devoted entirely to the advancement of medical science. Essays, Clinical Reports and Personal Communications of a medical nature are solicited. All Contributors are responsible for their own utterances.

All Communications, Subscriptions and Books for Review should be addressed to the Editor of THE FORT WAYNE MEDICAL MAGAZINE, 21 Pixley-Long Block, Fort Wayne, Indiana.

---

## EDITORIALS.

### MENINGO-MYELITIS FOLLOWING PELVIC AND ABDOMINAL OPERATION.

In the Journal of the American Medical Association, of May 2nd, is a reprint from the *Bulletin Medical*, which recounts a case which died four months after removal of the lower third of the rectum and the prostate glands on account of schinous. The wound, it is said, was entirely healed. It is not highly probable that infection producing the fatal malady gained entrance through the operation wound. In a paper read to the Indiana State Medical society, in 1895,\* the writer reported a case of septic meningo-myelitis following operation for an ovarian adenoma and reported that in abdominal and pelvic surgery meningo-myelitis must be reckoned as one of the dangers, albeit a remote one. In case of removal of neoplasms or of operations of different character which result in much disturbance of the retroperitoneal tissues the danger becomes less remote. The case above reported lends color to the views advanced by the writer.

P.

\*Transactions Indiana State Medical Society, 1895.



## MEDICAL REVIEWS.

---

### DEPARTMENT OF MEDICINE, THERAPEUTICS, NERVOUS AND MENTAL DISEASES.

---

IN CHARGE OF G. W. McCASKEY, A. M., M. D.

Professor of Nervous and Mental Diseases and Clinical Medicine in the Fort Wayne College of Medicine.

**INSOMNIA.**—Insomnia is really a mere symptom, and will no more be treated *per se* by the intelligent practitioner than the eruption of an infectious fever or the diarrhea of typhoid fever. The great duty of the medical man is to trace it to its causes and its associations, and to deal with these. If it follows influenza, it must be regarded, like all the other sequelae of that protean disease, with some patients, but with much conviction that it will yield, sooner or later, to sound treatment. A very important point is to ascertain whether the insomnia is attended with pyrexia or otherwise, for of all means for producing restlessness, the marring of the night's repose, an increase of two or three degrees in the temperature is among the most effective. Apart from general pyrexia it is well to note all local peculiarities of heat, whether in the direction of excess or defect—cold feet, a hot bed, etc., and deal with them accordingly. It is, of course, equally important to ascertain any error of function that can reasonably be associated with such symptoms. Such errors are frequently to be found in the gastric, renal or hepatic functions, and their removal will quickly alter the whole complexion of the patient's life both by night and by day.—*Lancet*.

---

**A TYPHOID EPIDEMIC EXPLAINED.**—There has been in Duluth, according to the *New York Polyclinic*, an epidemic of about 100 cases of typhoid fever with thirty deaths, caused, it is believed, by the infection of water. An inquiry disclosed the fact that the intake of the water company in the adjoining great lake was only 359 feet from shore, was in a filthy condition, and was situated about 800 feet from the mouth of a large sewer. It appears that the superintendent himself has for a year or two procured water for his family from a spring several miles from Duluth. The city now compels the company to supply spring water to consumers without additional cost. The supply is said to be abundant and the quality pure and excellent.—*Boston Medical and Surgical Journal*.

---

**MILK FILTERED THROUGH COTTON.**—Dr. Seibert, of New York, has made a number of experiments with milk filtered through cotton. He finds

while the greater part of the germs are eliminated no cream is lost. Plain milk showed from 3,800 to 200,000 germs, while the same milk filtered showed about one-fourth that number. If this is true filtration is about as good as sterilization, and has an advantage in that sterilized milk is not so good a food as plain milk.—*Canadian Practitioner*.

---

**SYMPATHETIC NERVE SYMPTOMS, WITH ULNAR PARALYSIS FOLLOWING DIPHTHERIA.**—Dr. B. Sachs presented a girl of fourteen years who still exhibited the remnants of a poliomyelitis of the right upper extremity, which came on when she was about eighteen months old. It would be noticed, he said, that the atrophy of the arm was extreme. In March, 1895, this girl had diphtheria, and after this had developed an atrophic paralysis of the left upper extremity, chiefly of the muscles of the hand and more particularly of the interossei muscles. This condition was associated with a narrowing of the palpebral fissure and of the pupil of the left side, and it was for this reason he presented the case. There could be no doubt that ever since the beginning of the poliomyelitis, the left side had been entirely normal up to the attack of diphtheria.

Examination had shown that there was a diminution of all the forms of sensation in the ulnar distribution on the left side. The condition of the hand might be due to a poliomyelitis, but owing to the presence of sensory disturbances, such disease was excluded. The diagnosis, therefore, was a peripheral neuritis coming on after diphtheria. The curious point was the association of the sympathetic nerve symptoms with the peripheral neuritis. The only way he could account for it was by supposing that the affection must have been located near the issuance of the spinal cord, for in that part there were communicating branches between the roots and the sympathetic nerve system.—*Journal Nervous and Mental Diseases*.

---

## DEPARTMENT OF SURGERY AND GYNÆCOLOGY.

---

IN CHARGE OF MILES F. PORTER, A. M., M. D.

Prof. of Surgery and Gynæcology in the Fort Wayne College of Medicine.

ASSISTED BY

FRED J. HODGES, B. S., M. D.

Prof. of Genito-Urinary Surgery in the Fort Wayne College of Medicine.

**ERYSIPELAS TOXINES IN SARCOMA.**—Dr. Wyeth says that without doubt cures have been effected in sarcoma by the institution of acute septic infection, and recommends the inoculation of erysipelas in certain cases of malignant neoplasms.



**APPENDICITIS—WHEN TO OPERATE.**—"I am not always in a great hurry to operate in appendicitis, but I am more inclined to wait for the more acute symptoms to wear off, and operate, if at all, after suppuration has taken place, or during the quiescent stage between the attacks. I wish my voice was strong enough, just here, to call a halt to the men who say, 'Operate at once—not this afternoon or to-morrow, but now,' in all cases when the disease is recognized."—*Dr. Hunter McGuire.*

We wish simply to add to the above clipping from the *Medical Summary*—Amen.

---

**SEPTICEMIC SERUM IN GENERAL SEPTIC PERITONITIS.**—Dr. W. A. McFarlane, of Chicago, reports (*Jour. Am. Med. Asso., May 16,*) a case of general puerperal peritonitis which he treated successfully with septicemic serum. In all 45 c. c. of serum were used hypodermically, within a period of three days, in doses ranging from 5 c. c. to 20 c. c. The convalescence was rapid, the circulation remaining feeble after the temperature had returned to normal or nearly so.

---

**KEROSENE IN SURGERY.**—A. Shirman (*N. Y. Med. Jour.*) recommends application of commercial kerosene to ulcers and wounds. He speaks especially highly of its use in indolent and chronic ulcers. It should be applied, either pure or diluted one third or one half with alcohol, with a camel's hair brush or a piece of gauze. The advantage of kerosene as summed up by Dr. S. are as follows: It has not an intolerable odor; it is cheap; it is non-poisonous; it causes rapid cicatrization.

---

**ASEXUALIZATION IN THE PREVENTION OF CRIME.**—G. Frank Lydston, M. D., of Chicago, has an excellent article in the *Medical News*, of May 23, on the above subject. He advises castration for habitual and incurable criminals, for rapists, and possibly for some murderers. He advises that more attention be paid to the prevention of crime, and says that "society is responsible for its own criminals, and in a less degree for its paupers, inebriates and insane."

---

**A FOREIGN BODY IN THE OESOPHAGUS LOCATED AND DETECTED BY THE ROENTGEN RAYS.**—J. William White, of Philadelphia, relates a case in the *University Magazine* in which by means of a skiagraph made by an exposure of three minutes, a jackstone was detected and located in the oesophagus where it had been for twelve days. The child was gradually dying of inanition and there was no history of the lodgement of a foreign body in the

œsophagus. The skiagraph not only enabled him to make the diagnosis and accurately locate the foreign body, but also revealed its exact nature. The jackstone was removed by first pulling it into the stomach by means of a pledget of gauze fastened to a thread which had been carried past the foreign body into the stomach, by means of a slender flexible œsophageal explorer, and then pulled with the finger through an opening previously made into the stomach.

---

## DEPARTMENT OF OBSTETRICS AND PAEDIATRICS.

IN CHARGE OF B. VAN SWERINGEN, M. D.

Professor of Theory and Practice of Medicine in the Fort Wayne College  
of Medicine.

**ANTI-STREPTOCOCCIC SERUM TREATMENT.**—Dr. W. Dubrenilk, in the *Journal de Medicine de Bordeaux*, January 26th, 1896. In this communication a short review is given of the results of the serum treatment of puerperal fever and erysipelas, the two most marked manifestations of the development in the body of the streptococcus pyogenes. The earliest experiments on animals were not very encouraging, since a considerable number of the rabbits which were inoculated with a view to immunization died during the proceedings. Chauin, Roger and Marmorck, however, overcame these difficulties and found that the injection into healthy animals of the serum withdrawn from those which had been successfully immunized, did prevent the development of the virulent organisms after inoculation. It was also soon established that the general phenomena, septicaemia, etc., were more readily influenced than local manifestations, such as circumscribed abscesses and peritonitis. Since then the clinical results of this treatment have not been such as to warrant us in ascribing to it a success which cannot be denied. Five cases of septicaemic puerperal fever have been recorded hitherto, which were all of grave severity, being accompanied by high fever, but without any local manifestations. In the later cases 80 to 100 c. c. m. of the serum were injected in doses of from 20 to 35 c. c. m., repeated once or twice daily. The first amelioration occurred in the appearance of the face and in the diminution of the strictly nervous phenomena, the patient falling into a natural sleep at the end of the first day. The temperature usually fell during the second day, and it was only at a somewhat later date that the local phenomena, such as foetid lochia were improved. At the end of three or four days the patient was practically convalescent and the subsequent period of weakness, which is usually so prolonged after a severe attack of puerperal fever, was in these cases remarkably short. It



is interesting to note that the protection granted is apparently very limited in duration, since in one of these patients an attack of erysipelas, contracted from her mother, supervened very shortly afterward.

As to the result of the use of the serum in erysipelas, Marmorek's statistics, published last March, gave eighty-six cases, forty of which were so slight that they did not undergo the serum treatment, all recovering, whilst forty-six graver cases received from 5 to 20 c. c. m. of the serum, and were all cured with the exception of an old woman, who died of pneumonia, of pneumonococcal origin.—*N. Y. Polyclinic*.

---

**ATROPHIC UTERUS AND SUBINVOLUTION AFTER LABOR.**—L. M. Bossi recognizes four kinds of atrophic uteri. 1. A uterus atrophic from arrest of development, (a) during the embryonal period, *fetal or congenitally atrophic*; (b) at birth or shortly afterwards, *infantile uterus*; (c) at about the time of sexual development, *adolescent uterus*. 2. A uterus atrophic from pathological reduction of its size during sexual life, but before fecundation. 3. A uterus atrophic from pathological reduction of its size during active sexual life, after one or more pregnancies, but from some cause independent of the last pregnancy or labor. 4. A uterus atrophic from hyper-involution, that is to say, from a pathological excessive reduction dating from and related to the last puerperium.

The fourth variety forms the principal subject of the author's studies. He thinks that it may be due to an exaggeration of after-pains. The symptoms noticed are a gradual decrease in strength of the patient, progressive emaciation, and anemia. The milk becomes lessened in amount and disappears, amenorrhea and sterility supervene. The circulation is irregular, the digestion poor, the appetite morbid. There is ptyalism. Respiration becomes difficult, sometimes to the point of dyspepsia. There are headaches, nervous phenomena connected with the special senses, pains in the various parts of the body, especially in the right hypochondrium, the latter symptom being almost pathognomonic of hyperinvolution. There is general weakness and profound melancholy. Locally it will be noticed that any wound upon the cervix uteri heals with remarkable rapidity. Treatment must consist of hygienic and dietetic measures, with tonics, massage, electricity locally applied, frequent sounding of the uterine cavity, warm vaginal douches, and other measures to irritate and excite the part to the point of hyperemia.—*American Journal of Obstetrics*, May '96.

---

**BRONCHITIS, DIFFUSE INFANTILE, TREATED BY SYSTEMATIC HOT BATHING.**—M. J. Renant claims that his treatment will almost always prevent

extension of the process into the capillaries. He has tried it for ten years and has never seen a diffuse and febrile infantile bronchitis thus treated from the second day of the fever go on to capillary bronchitis. His experience covers more than one hundred cases. The indication for the baths is a rectal temperature of  $102^{\circ}$ . Every three hours day and night, the rectal temperature is to be taken, and if  $102^{\circ}$  is reached the child should be put into a bath of  $100^{\circ}$  and kept in it for about eight minutes. A bandage around the head may be sprinkled with water at the temperature of the room during the bath if the child appear at all congested. Usually after the second or third bath the temperature falls and does not rise again. Moist rales become less frequent and the diffuse becomes a light or superficial bronchitis; The struggle may, however, last for four or five days. General treatment should of course be kept up. If called to the case after the bronchitis has become capillary, watch the fever and give a tepid bath whenever it goes up.—*American Journal of Obstetrics*, May '96.

---

**PUERPERAL ECLAMPSIA.**—Dr. S. Seabury Jones thus concludes an article on the above subject in the *Medical Record*, April 25, 1895:

“Puerperal eclampsia is due mainly to the non-elimination from the system of the pregnant woman of toxins which are the direct and natural product of the physiological processes incident to her condition or to the conversion into toxins of such products and their non-elimination, and that the nervous tension of the pregnant woman predisposes to the disease.

“That while albuminuria during pregnancy should lead to grave apprehension, yet many women who present this symptom escape convulsions (about seven out of eight), while convulsions may be met with in women whose urine has remained free from albumin until the onset of convulsions.

“That he who saves four out of five women who have been attacked by eclampsia before or during labor, may consider that he had been fairly successful.

“That we have medicines powerful for good and that they should be given a fair trial before resorting to accouchement force in actual convulsions.

“That at a period when the foetus is viable, especially at the end of the eighth month, if the patient suffers from severe premonitory symptoms, such as anasarca, severe and persistent headache, and the eye symptoms, and particularly if the evidences of nephritis have persisted for some time in spite of treatment, premature labor should be induced in the interest of mother and child.

“That in the actual presence of convulsions we should endeavor to



overcome them by the use of proper medicines and remedial measures, notably the use of veratrum viride, morphine, chloral and chloroform, rather than appeal to the rapid emptying of the uterus.

"That in veratrum viride we have a remedy powerful for good when properly used, but that of Norwood's tincture it is better not to inject more than five to ten minims for the initial dose, to be followed by doses of five minims at intervals as required to hold the pulse, and that it is well to combine it with morphine.

---

ACUTE AND CHRONIC CORYZA AND ITS SIGNIFICANCE IN CHILDREN,—Dr. E. G. Woodruff, in the *Medical Record* of April 25, 1896, contributes a very interesting article with the above caption, which shows the results of acute and chronic coryza in children and the necessity of care in the treatment of these cases.

The nasal secretions in health are germicidal and to this action is attributed what freedom from infectious diseases of the respiratory tract exists. It was shown that 80 per cent. (Jonathan Wright) of all germs are arrested in the nose, the larger part of them being destroyed by the germicidal action of the mucous. The importance of a normal secretion is then understood.

Coryza is accompanied by stenosis and this produces mouth breathing, with all its train of ills, prominent among which are inability to suckle and consequently loss of weight and inability to sleep. Chronic coryza is not less dangerous than acute.

Eye diseases follow infection through the lachrymal canal, the pus being forced up during the act of blowing the nose.

Impeded nasal breathing gives rise to disturbance of the brain functions. Headache, forgetfulness, and inaptitude in school are common in mouth breathers. They are also more liable to tonsillitis and diphtheria.

A relationship between mouth breathing and scrofula is claimed because of the frequent infection of the cervical and submaxillary glands whose ducts empty into the mouth which is, in nasal stenosis, the receptacle of germs brought in with the inspired air.

The point is made that the treatment of these cases should not consist so much in the administration of cod liver oil, etc., as in attention to the nasal membrane.

Finck found that in all cases of retro-pharyngeal abscess not due to vertebral caries, coryza was present, and Strumpell, Weichselbaum and others have made the observation that there exists a connection between an abnormal condition of the nasal mucous membrane and cerebro-spinal meningitis.

# FORT WAYNE MEDICAL MAGAZINE.

---

VOL. IV.

JULY, 1896.

No. 7.

---

## ORIGINAL ARTICLES.

No paper published or to be published elsewhere as original will be accepted in this department.

---

### *IMMEDIATE REPAIR OF THE PERINEUM.\**

By W. F. BATMAN, M<sup>d</sup>. D.,

Lebanon, Ind.

Syn. Perineorrhaphy, Perineoplasty.

The perineum comprises the structure around the outlet of the pelvis and is sometimes termed the "second diaphragm." The female perineum, for that is the structure the repair of which I shall describe, is that triangular mass of tissue between the posterior commissure of the vulva and the rectum, the acute angle of which reaches half way up the vagina and whose base is the external surface of the true skin; the anterior border being the convex surface of the vagina, and the posterior the concave rectum. Laterally it spreads out to the rami and tuberosities of the ischia.

The first recorded instance of rupture of the perineum is found in Genesis, xxxviii where one of Tamar's twins is described as "breaking forth."

The first suture of a ruptured perineum was made by Guille-

\*Read before the Boone County Medical Society, February 4th, 1896.



man, of France, in 1650, an operation that was followed with more or less satisfaction to the profession for the succeeding two hundred years, but it remained for our honored fellow-countryman, J. Marion Sims, to devise the instruments and complete the technique of this operation, thus proving himself the benefactor of woman-kind for all time.

While it is evident that injuries of the female perineum may come either from without or within, it is only with the latter variety that this paper has to do. It is to the parturient function alone that women owe their great liability to injuries of this part of the body. This outlet or ring, with a normal diameter of  $2\frac{1}{2}$  or 3 inches, must, during labor, be dilated sufficiently to permit the exit of a head with a circumference of 12 or 14 inches and then return to approximately its normal dimensions to prevent hernia of the structures above. With these facts in view it is clear that the extent of the injury sustained by the perineum may readily vary from a superficial rent at the fourchette, to a complete separation of the tissues down and through the walls of the rectal canal and nearly, or in exceptional instances quite up to the vaginal vault. From what has been said one can readily see that no single operation can be applicable to every case encountered in practice.

As to time, there are three periods within which repair of the perineum may be effected. Immediate, when made within a few hours. Intermediate, when made within a few days, and Secondary, when made at any time after granulation of the surfaces has taken place. The surgical principles underlying all three are, however, identical viz.; perfect cleanliness during and following the operation, vivified surfaces and an approximation and retention of such surfaces, securing rest and union by first intention.

While it is undeniably true that severe tears often heal without having been sutured, they do so so rarely, and at best so imperfectly, that one should never risk it but follow the dictate of "good surgery" and operate. The immediate operation, done within the first few hours following delivery—and these are golden hours for the patient and physician alike—saves the

former untold misery and pain and is a monument to the skill of the latter.

The materials needed for the operation are a retractor for the anterior vaginal wall, a pair of scissors, needles, needle-holder, silk, silkworm-gut and silver wire.

OPERATION.—Place the patient across the bed with the thighs drawn well over the edge resting upon a Kelly pad, flex the thighs upon the abdomen, in which position they should be tied or held by the nurse. Now tampon the upper part of the vagina to keep your field of operation free from blood, after which irrigate freely with a hot antiseptic solution. Trim off all ragged tissue from the surface and margins of the tear, keeping up a free irrigation to wash out all clots. You are now ready for the introduction of sutures which may be placed entirely from without the vagina in case of superficial rents, but where the tear extends high up involving the walls of the vagina they must be introduced from within. In this case the anterior vaginal wall is drawn well up out of the way by a broad retractor held by an attendant. A half-curved needle armed with silkworm-gut is now grasped in the jaws of the holder at right angles to the handle and with a full sweep of the wrist it is carried well under the tear, care being taken that it includes *muscle and fascia on both sides*. It is also essential in placing the upper sutures to see that they do not cause the tissues to form a pocket in which the lochia may be caught and retained. Insert about three or four sutures to the inch and from above downward. Dry the parts and dust with iodoform or boracic acid.

In the repair of complete lacerations the rectal margins of the tear are first brought together, the sutures being placed about one-fourth inch apart and care being exercised not to bring mucous surfaces together. The vaginal rent is now closed as has already been described for simpler tears, until the sphincter is reached. This is brought snugly together by means of one or more silver wire sutures passed from the external surface. The operation is then completed and the toilet made as has already been described.



Let me beseech you gentlemen to be careful with and to be on the lookout for those very frequent internal tears which leave the skin and mucous membrane seemingly intact, but in which there is nevertheless a more or less complete laceration of the perineal body, for they just as surely disable our patient, and their repair is just as essential as is that of the more obvious injuries. These are the injuries which occur in the practice of those men who speak of their hundreds of confinements without a ruptured perineum. Such practitioners are truthful, they say that they do not see lacerations, and they do not for they do not look for them, but in after years other more acute practitioners by secondary operations relieve the long endured suffering which a primary operation would have obviated.

The usual type of median laceration produces surfaces which may be likened to the body and wings of a butterfly. A lateral tear permits the levator ani of the opposite side to pull the columnae vaginae and rectum to the sound side.

In this procedure as in any other you can have no inflexible rule of action, but must be guided in your efforts at repair by the amount of structural damage done in the particular case in hand, always mindful of Emmet's advice to "catch the retracted muscle and fascia in the suture."

The intermediate operation should never be required except when the woman's condition be considered too serious after labor to warrant immediate suture, and this can rarely happen. It is made in this way. After cleansing the parts thoroughly, remove all granulations by means of the scissors and curette and treat as a recent laceration.

The secondary operation may be made months or years after the injury is sustained, and is generally best made by an expert gynecologist.

The treatment subsequent to a perineorrhaphy consists of rest in bed with just enough irrigation to secure absolute cleanliness, and the administration of salines sufficiently often to secure liquid stools.

CASE:—Three years ago I attended in confinement a primi-

para, aged 31, that had been reading works on Tocology and had followed the directions as to diet, etc., which it was supposed would secure her an easy labor. She was strong and in excellent health and was a few days over time when I was called. I found the presenting head large, with the posterior fontanelle nearly closed. The presentation was R. O. A. and the occiput rotated, properly but during extension the head became impacted and made no progress for several hours. At last as the result of a consultation I applied forceps and with the greatest difficulty delivered my patient, but not without tearing the perineum down through the sphincter and over half way up to the coccyx. I made an immediate repair after the method already described, bringing the divided sphincter snugly together by means of shotted silver wire sutures passed from the skin surface and completed by vaginal sutures of silk.

The patient, a very intelligent lady, has since often told me that her recovery is so complete that she would never know that she had been injured.

While there is much more that I should like to say to you along lines that suggested themselves during the preparation of a paper upon the topic assigned me by the society, I have avoided such digressions. I cannot, however, refrain from repeating for special emphasis some of the points concerning rupture of the perineum worthy of special attention.

1. The obstetrician has not discharged his full duty to his patient until he has carefully determined the location and extent of all injuries to the soft tissues of the pelvic outlet occasioned by the labor, and has repaired such as are susceptible of immediate repair.

2. The time is not far distant, if not already here, when the courts will take cognizance of failures to render such services when thus indicated, since they are a part of the service which the thoroughly equipped practitioner renders his patient. The only amends which can be made for failure to make the immediate repair, in case the attendant is not prepared with appliances and a knowledge of the technique of the procedure, is to call for assistance upon some one that is prepared.



*BOVINE TUBERCULOSIS IN RELATION TO STATE  
MEDICINE.*

By L. P. DRAYER, A. B., M. D.

Bacteriologist and Chemist for the City of Fort Wayne, Ind., Professor of Histology and Bacteriology in the Fort Wayne College of Medicine.

Tuberculosis, prevalent in all parts of the United States, it would seem has come to be considered a necessary evil. It is the plague of the Western Hemisphere with no quiescent period, but with a constantly increasing number of victims among all classes of men, women and children. Dr. Van Rook says "Nine in every ten children dying in infancy show tubercular changes." Dr. Winslow, of Los Angeles, says "Tuberculosis is by far the most destructive disease of the human race, outnumbering in its death rate war and pestilence. In the United States alone, every twenty-four hours, four hundred and forty human beings die of tubercular disease." Other questions in State Medicine are generally quickly considered and disposed of, but with few exceptions the authorities fail to grasp the subject of tuberculosis and its influence upon public health, and to give to it the proper attention.

You will, no doubt, grant me that tuberculosis is a transmissible disease; that its cause is the tubercle bacillus; that the contagion is generally distributed in the dried sputum of consumptive patients—indeed this is the most common mode of distribution and the most difficult to control. On the other hand, we find tuberculosis to be a disease common to cattle, and that the milk and meat of such cattle are carriers of the contagion, and that here we have another disseminator of the contagion.

Allow me to quote Osler on the subject of "The Transmissibility of Tuberculosis in Milk." "The milk of an animal suffering from tuberculosis may contain the virus, and is capable of communicating the disease, as shown by Gerlach, Bang, Bollinger and others. Striking illustrations of this are sometimes afforded in the lower animals. The pigs, for instance, of a tuberculous sow have been shown to present intestinal tuberculosis of the most exquisite form. Of late years the experimental proof has been

entirely conclusive. It was formerly thought that the cow must present tuberculous disease in the udder, but Ernst has shown that the bacilli may be present and the milk be infective in a large proportion of cases in which there is no tubercular mamitis; an observation also made by Hirschberger and others." The author states the interesting fact that the owner of a herd known to be tuberculous withdrew the milk from market and used it without boiling to fatten his pigs, which, almost without exception, became tuberculous so that the whole stock had to be slaughtered. There is no reason to believe that young children or even adults are less susceptible to the virus than calves or pigs, so that the danger of the disease from this source is real and serious. The great frequency of intestinal and mesenteric tuberculosis in children no doubt finds here its explanation. As noted in Woodhead's analysis of 127 cases of fatal tuberculosis in children, the mesenteric glands were involved in 100.

Tuberculosis may be determined in cattle by physical examination or by the aid of *tuberculin*. The former means will detect the disease in advanced stages. Unfortunately cattle, like human beings are attacked and the insidious course of the disease allows it to play sad havoc before it is recognized. This fact renders physical examination unreliable. In tuberculin we have a reliable diagnostic agent. The International Veterinary Congress held at Berne, Switzerland, in September, passed the following resolution:—"Tuberculin is a very valuable diagnostic, and can be of the greatest service in the fight against tuberculosis. There is no ground for warring against its general use for fear of aggravating the disease already present." Niles, of Virginia says, "With tuberculin properly used, it is possible to detect tuberculosis early enough to eradicate it, and thus make the milk of cows so affected comparatively safe for man and animals dependent upon a fluid diet."

Tuberculin tests of dairy herds have been made in comparatively few instances, but with startling results. The number of animals found affected varied from 5 per cent. to 95 per cent. These tests were usually made in well bred herds where careful



attention, good food and cleanliness were employed. What the result would be were we to apply it to the dairy herds of this state one can only guess.

There is, now, a growing sentiment in certain localities in favor of measures to restrict and with the ultimate hope of eradicating the disease among live stock. The provisions in some of the states are commendable.

Maine.—Contagious animal diseases are in the hands of a commission. The state has been quarantined against tuberculosis for some years and it claims to be comparatively free from it, but quite recently the Board of Health, of Portland, had reason to suspect its milk supply. In a herd of thirty-one cows one case was discovered by physical examination; when the tuberculin test was applied to the whole herd, eighteen out of the thirty-one were shown to be affected.

New Hampshire.—A commission composed of the Secretary of Agriculture, the master of the State Grange, and the State Board of Health, has power to investigate and destroy diseased animals.

Vermont.—The subject is in the hands of the State Board of Agriculture. The law does not limit the amount to be expended in the destruction of infected animals. Assistants to the board are employed especially to apply the tuberculin test.

Massachusetts.—Inspection of cattle is made regularly by a cattle commission and tuberculin tests are made where requested.

Rhode Island.—The State Board of Agriculture has charge of the cattle diseases. This state appropriates annually for this work \$15,000. The board has authority to seize and condemn carcasses, in slaughter houses, found affected.

Connecticut.—This state has a commission on animal diseases with power to quarantine against suspected animals in or out of the state, also to make and enforce rules for stable sanitation.

Pennsylvania.—A Live Stock Sanitary Board has full power

to deal with diseased animals. The law does not limit the amount to be expended in suppressing disease.

New Jersey.—A commission of seven has charge of the subject. Expenditure is limited to \$5,000.

Maryland has a live stock sanitary board.

New York.—Tuberculosis is in charge of the State Board of Health, with power to condemn affected animals. \$30,000 is appropriated to pay for condemned animals.

Now allow me to present the status of this work in Indiana. A few months ago I had reason to suspect the milk supply of Fort Wayne. By sub-cutaneous and intra-pleural injections of the milk, as delivered to the consumer, I succeeded in producing tuberculosis in animals. The State Sanitary Board and the State Veterinarian were ordered to investigate. The investigation consisted of a physical examination of the cattle, and by this method five out of forty-two cows in the herd were condemned and ordered killed, the state paying \$25 for the condemned animals. Had the tuberculin been used I feel confident more animals would have been found affected. Why was it not employed in this investigation? The state of Indiana appropriated for the inspection of contagious diseases in live-stock for the year 1896, \$4,000. The State Veterinarian informed me that the commission will have used this amount by the last of July. This will leave five months of the year without any provision for the inspection of live stock. This sum of money appropriated to combat a disease so prevalent in such a state as ours, shows one of two things—either our law-makers are ignorant of the subjects legislated upon, or they are criminally neglectful of the health and welfare of the people of this state.

It is difficult to present ways and means for more efficient service. Money is essential to the successful prosecution of any plans. The New York State Board has just asked for \$300,000 with which they mean to exterminate the disease in cattle. Connecticut has legislated for the repression of bovine tuberculosis in that state. The agricultural portion of the state opposed it. The law provides for the appointment of three commissioners



whose duty it is to inspect the cattle of the state for tuberculosis, using tuberculin as a diagnostic agent, and to destroy all animals found affected with the disease; and it was suggested that a sanitary milk laboratory be established in every city for the purpose of keeping close watch upon the milk supply. The county of Alameda, Cal., provides that every milk cow or other animal within the county, having tuberculosis, shall at once be deprived of life by the owner or person having charge of the animal. The penalty for neglect is a fine of not less than \$50 nor more than \$100.

In restricting disease in animals there are possibilities which do not enter the field of medicine as applied to man. The question of limiting the spread of the contagion from tuberculous human beings is one not easy of solution. The question of eradicating the disease in cattle is not so difficult. We may advocate the propagation of insusceptible families, or we may check the spread of the contagion by destroying the infected animals. The former, for the present at least, is not only impractical but impossible. This leaves the one avenue open and it is effectual—kill the animals and burn the carcasses; before the killing one must find the infected animals, and to do this, industry, intelligence and money are absolutely necessary.

The commission having the power to roam over the state testing a herd here and a herd there can not do efficient work. Sporadic testing of cattle for disease can result in little good and is almost useless expenditure of time and money.

Localities in which herds of cattle are dense should be attacked first, then the herds of the state at large. The knowledge and needs of to-day unite in demanding such an investigation and appropriation sufficient to carry out the investigation. It is the duty of the medical profession to educate the people so that they demand a pure and wholesome meat and milk supply. It is the duty of the medical profession to educate the law-maker to a full sense of his duty in regard to this very important question concerning the health of the community, and let this great state of

Indiana prove herself the guardian of the health of her people.

NOTE—The status of health laws in the various states mentioned in this paper, is taken from Dr. W. H. Harbaugh's article published in the *Virginia Medical Monthly* March, 1896.

---

## SOCIETY PROCEEDINGS.

---

### THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

A meeting of the Executive Committee of the Mississippi Valley Medical Association was held at Atlanta, on May 6th and the following gentlemen were appointed to deliver addresses:

Dr. H. N. Moyer, Chicago, Address on Medicine.

Dr. Horace H. Grant, Louisville, Address on Surgery.

The indications are that the meeting to be held at St. Paul, on Oct. 20, 21, 22 and 23, will be the largest and most successful in the history of the Association. As all the railroads will offer reduced rates for the round trip, an opportunity will be given to visit St. Paul and Minnesota during the most delightful season of the year.

H. O. WALKER, M. D., Detroit, Mich.

C. A. WHEATON, M. D., St. Paul, Minn., President.

Chairman Committee of Arrangements.

H. W. LOEB, M. D., 3559 Olive Street, St. Louis.

Secretary.

---

### THE NORTHERN TRI-STATE MEDICAL ASSOCIATION.

The regular annual meeting of this society was held at Angola, Ind., Tuesday, July 21. The following is a list of the papers which were presented:

"Conservative Surgery in Tuberculosis of the Testicle" . . . . .

. . . . . J. B. Murphy, Chicago, Ill.

'Obstruction of the Bowels" . . . . . Hal. C. Wyman, Detroit, Mich.



“The Need of the Abdominal Section as an Aid to the General Practitioner to Diagnose Obscure Abdominal Troubles” . . . . . J. H. Carstens, Detroit, Mich.  
“Salicylate of Sodium in Septic Conditions” . . . . . Hugo O. Pantzer, Indianapolis, Ind.  
“Modern Brain Operations” . . . . . Allen DeVilbiss, Toledo, Ohio.  
“Some Considerations in the Treatment of Acute Otitis Media” . . . . . Albert E. Bulson, Jr., Fort Wayne, Ind.  
“Embryonic Miscarriage” . . . . . J. R. Dodge, Hudson, Mich.  
“Management of Vesical Calculus” . . . . . F. J. Hodges, Anderson, Ind.  
“The Cause and Treatment of Color Blindness” . F. C. Mason, Hillsdale, Mich.  
“The Differential Diagnosis of Insanity” . . . . . C. B. Burr, Flint, Mich.  
“Purpura Hemorrhagica” . . . . . Frank M. Guyer, Hillsdale, Mich.  
“Diffuse Cellulitis of Hand and Forearm” . . . . W. W. Brand, Toledo, Ohio.  
“A Case of Brain Tumor, with Exhibition Specimens” . . . . . G. W. McCaskey, Fort Wayne, Ind.  
“Asepsis and Antisepsis—Which or Both” . J. B. Geene, Mishawaka, Ind.  
“Aseptic Technique in Pelvic and Abdominal Operations Outside of Hospitals” . . . . . C. N. Smith, Toledo, Ohio.  
“Diagnosis of Typhoid Fever” . . . . . W. C. Chapman, Toledo, Ohio

TOBACCO CURE.

By Dr. Kempf:

Chloride of gold and sodium.....	I-24 grain.
Strychnine nitrate.....	I-60 grain.
Nitroglycerin .....	I-200 grain.
Atropine sulphate.....	I-200 grain.
Tincture digitalis.....	3 minims.
Capsicum.....	$\frac{1}{4}$ grain.
Salicin.....	I grain.
Cinchonidia sulphate.....	I grain.

For one pill, to be taken three times daily.—From an old number of *The Medical World*.

“Stories of a Country Doctor” will be given with every new yearly subscription to the Magazine.

# Fort Wayne Medical Magazine.

---

VOL. IV.

JULY.

NO. 7.

---

## EDITORIAL STAFF:

ALBERT E. BULSON, JR., B. S., M. D., MANAGING EDITOR,  
19, 20, 21 Pixley-Long Building.

MILES F. PORTER, A. M., M. D.,  
47 West Wayne Street.

GEORGE W. MCCASKEY, A. M., M. D.,  
107 West Main Street.

BUDD VAN SWERINGEN, M. D.,  
26 West Wayne Street.

FRED J. HODGES, B. S., M. D.  
Anderson, Indiana.

---

A Journal of Medicine and Surgery, Published between the 1st and 10th of every month. Price, \$1.00 per Year, Postage Paid.

This Journal is devoted entirely to the advancement of medical science. Essays, Clinical Reports and Personal Communications of a medical nature are solicited. All Contributors are responsible for their own utterances.

All Communications, Subscriptions and Books for Review should be addressed to the Editor of THE FORT WAYNE MEDICAL MAGAZINE, 21 Pixley-Long Block, Fort Wayne, Indiana.

---

## EDITORIALS.

---

### THE FORT WAYNE MEETING OF THE INDIANA STATE MEDICAL SOCIETY.

Perhaps it is not in the best of taste for us to speak in a complimentary manner of the Forty-seventh Annual Meeting of the Indiana State Medical Society, which was held in this city on Thursday and Friday, May 28th and 29th, but inasmuch as we, in company with all regular physicians in the city of Fort Wayne, contributed largely to the success of the meeting by indefatigable attention to the necessary arrangements, management and entertainment of the society, it is particularly gratifying to acknowledge the oft expressed verdict that the meeting, from every point of view, was a grand success. It is also a source of



gratification to the Fort Wayne members of the society to know that migration, for which they have contended for several years, proved itself not only a success but worthy of continuance. We believe that every member of the State Society who attended the Fort Wayne meeting will acknowledge that, so far as his experience goes, the 1896 meeting of the society was the best ever held, and that migration aided materially in increasing the attendance and adding interest, and this in the face of much direct opposition from some of the members who would have us believe that they had the society's best interests at heart but who, through the current of events, have been shown to be most interested in personal and selfish benefit. What better argument can be advanced to prove the benefits of migration than to say that out of 305 physicians registered at the Fort Wayne meeting fully two-thirds of the number had never attended a meeting of the State Society, and of the latter number probably one-half never would attend the society were all the future meetings to be held in Indianapolis. Many of these first attendants will continue to attend the meetings wherever the society may see fit to go, and the regular attendants will certainly follow, and thus the society has not only added in attendance and interest but has done much toward stimulating and advancing sectional interest.

We are indeed proud of the praise bestowed upon the local fraternity and we feel that the frequently expressed opinion that the regular physicians of Fort Wayne are active, progressive, and hospitable, is worthy of recognition. To the local fraternity is due much of the credit for making the last meeting of the society a grand success, and their work is but an evidence of the deep interest they have in the welfare of the society. We may add here that the physicians of Fort Wayne will ever be found active in aiding to support and maintain the State Society and we trust that our co-workers will find us at all times using our influence on the side of advancement.

While we are grateful for the favors shown us, and appreciate the generous praise accorded us in connection with the meeting

just closed, we are also mindful of the fact that what is to our interest is to the society's interest, and we therefore bespeak a good word for our Terre Haute friends, who are to entertain us next year, and ask that every member of the society aid in making the 1897 meeting as great or greater a success than the one of this year. B.

---

### GUNSHOT WOUNDS OF THE ABDOMEN.

The consensus of surgical opinion concerning gunshot wounds of the abdomen with penetration of the peritoneal cavity should be well understood by the general practitioner as it is into their hands the majority of these cases fall. In many instances the services of one who has had experience in abdominal work are not available. For these patients to wait many hours for the arrival of an experienced surgeon is to wait often until the time for successful surgical interference has passed. That these patients should have the services of an expert where such is available is not to be denied. On the other hand when such services are not to be had, it becomes the duty of the attending physician to operate and that promptly. In these cases delay is extremely dangerous. The rules given below governing the cases under consideration are, in part, derived from an abstract (*Wier's Index*, of May 15, 1896,) of papers upon the subject by Drs. Winslow and Tiffany,

1. Operate at once in all cases where there is perforation of the peritoneal cavity. Do not wait for symptoms of perforation of the intestines or wounds of other viscera.
2. The abdomen may be opened at the site of the wound or in the linea alba as seems best in a given case.
3. Shock in these cases usually means hemorrhage, therefore don't wait for reaction.
4. All lesions should be found and carefully repaired, and all bleeding stopped.
5. Flushing with hot sterilized water cleanses the cavity and combats shock.



6. Close the abdominal wound without drainage when practicable.

7. Operate speedily but not hurriedly; have the room temperature at 80° F.; keep dry heat applied to the patient during and after the operation until reaction sets in; and should shock and hemorrhage be severe, make an intravenous transfusion (1 to 3 qts.) of sterilized normal salt solution. It is often best to have the transfusion done by assistants while the operation is going on, but the efforts at removing the cause of the shock should not be interrupted to treat the shock itself. P.

---

#### A NEW MEDICAL JOURNAL.

We have recently received the first number of *The Laryngoscope*, a monthly journal devoted entirely to the consideration of the diseases of the nose, throat and ear. As editors and proprietors, we find the names of Frank M. Rumbold, M. D., and M. A. Goldstein, M. D., both of St. Louis, the place of publication. Several associate editors are interested in the new periodical, the names of which are sufficient guarantee to the reading medical public, that the advances made in the specialties represented by *The Laryngoscope*, in their several sections of our country, will be ably presented by them. The foreign editors are all men of note in the medical world and need no introduction. The journal intends to fill the niche between the strictly special and the general journals, with that class of physicians who confine themselves entirely to the treatment of the diseases mentioned, or who pay especial attention to these troubles while maintaining a general practice.

We predict for the enterprise the success which it deserves, and believe that there is a large field of usefulness for a periodical of this character. B.

---

*"Stories of a Country Doctor" will be given with every new yearly subscription to the Magazine.*

## MEDICAL REVIEWS.

---

### DEPARTMENT OF MEDICINE, THERAPEUTICS, NERVOUS AND MENTAL DISEASES.

---

IN CHARGE OF G. W. McCASKEY, A. M., M. D.

Professor of Nervous and Mental Diseases and Clinical Medicine in the Fort Wayne College of Medicine.

**PATHOLOGY AND THERAPY OF PROGRESSIVE BULBAR PARALYSIS.**—(*Berlin Klin. Wochenschr., Jour. of Mental and Nervous Disease*) Remak reports the case of a woman twenty-one years old, of healthy parentage, in whom there existed amyotrophic lateral sclerosis with involvement of and paralysis in the upper seventh nerve distribution. This in contrast to the widespread opinion, and it may be said the rule, that the upper facial innervation is never effected in progressive amyotrophic bulbar paralysis.

Remak says that his case demonstrated also that the therapeutic efficacy of electricity can not be regulated to mental influence or suggestion. As the result of daily galvanization of the swallowing muscles, an anode of 30 c. c. m. applied immediately beneath the occiput, a cathode 15 c. c. m. close to the pomum Adami, with a current of from 3 to 6 m. a., stabile application.

The patient has been reduced to a very unnourished condition on account of the inability to swallow. After a few days the beneficial effects of the electrical treatment were to be seen, and it was not long before the patient could eat and swallow with some degree of comfort. This increased capacity to take food was followed by an increase of body weight, and a general bettering of nutrition which continued for several months, when the progressiveness of the disease once more assumed the ascendancy.

---

**THEOBROMINE IN RENAL AND CARDIAC DISEASE.**—Professor Huchard, of Paris, gave the details of fifteen cases under his care at the hospital Necker in which he used this drug, and stated that numerous observations warranted him in asserting that theobromine is one of the best and most reliable and constant diuretics in the treatment of anasarca or oedema associated with affections of the heart or kidneys. It is a direct diuretic, acting at once on the renal epithelium, exciting and increasing the function of the latter without altering it. Theobromine is especially effective in cases in which there is both cardiac and renal sclerosis, in valvular diseases com-



plicated with albuminuria, or at the stage of asystole, and in interstitial or parenchymatous nephritis. The diuretic effect of the drug is not increased by combining it with digitaline and caffeine or with lactose. In order to prolong the effect it is advisable, especially in cardiac disease, to give theobromine for six days and to follow up the last dose in a few days by 0.0005 to 0.001 gramme (1-130 to 1-64 grain) of digitaline for one day. The diuresis caused by theobromine is rapid, occurring on the first day of its administration and persisting from two to four days after the last dose.

---

THE EXCRETION OF OXALIC ACID IN URINE.—Under this title James Crawford Dunlop, M. D., F. R., C. P., Edin, contributes an extensive article to the *Journal of Pathology and Bacteriology*, (London Vol. III, No. 4,) and sums up his conclusions as follows:

1. That oxalic acid is a constant constituent of the urine of men eating an ordinary mixed diet.
2. That in urine there is always present an excess of calcium salts which tend to precipitate oxalic acid, but this precipitate is prevented in the majority of urines by acid sodium phosphate and possibly by other substances, also.
3. That the precipitate is most liable to occur when the percentage of oxalic acid in the urine is comparatively high.
4. The precipitation of oxalate of calcium occurs in about one urine out of three.
5. That the oxalate of lime is recognized only as octahedral crystals.
6. That the methods previously described are faulty.
7. That the daily amount of oxalic acid excreted in the urine is small, usually varying between .010 and .025 grammes and averaging about .017 grammes.
8. That alcohol is an efficient precipitant of oxalates and may be used in both quantitative and qualitative analysis.
9. That oxalic acid is not produced in the metabolism, either from the nitrogenous metabolism or from imperfect oxidation of carbon compounds.
10. That oxalic acid can be and is absorbed from the alimentary canal.
11. That oxalic acid so absorbed is not oxidized in the body, but is excreted as such.
12. That the amount absorbed depends upon the amount taken in food or in drugs, and on various conditions which may aid the absorption; notably being increased by the amount of acid in the stomach.
13. That oxaluria is no special pathological condition, but is essentially a hyperacid dyspepsia, and that all its symptoms can be referred to the existence of acid dyspepsia.

**THE ETIOLOGY OF RHEUMATISM.**—In a discussion upon rheumatism at the last meeting of the British Medical Association, which brought out the best knowledge of some of the brightest lights of the English profession, the following was offered by Sir Dyce Duckworth, a high authority (*Brit. Med. Jour.*, Jan. 11, 1896):

“I propose to express my views concerning the nature of rheumatism, as recognized in its acute form as rheumatic fever, in the following propositions, which I conceive to be justified by clinical observations and tenable from fair argument from analogy:—

“1. That the tendency to suffer from truly rheumatic diseases, though widely spread is not universal. A certain diathetic predisposition is necessary, and this is as distinctly transmissible as the tendency to gout or tuberculosis. The basic diathesis affords a soil or tissue proclivity, in which rheumatic disease may more or less manifest itself.

“2. That under conditions of lowered vitality, attendant on exhaustion, chills, or nervous shock, persons thus predisposed become a prey to infection by some microbic organism, specific in character, which germinates in the blood, and generates a toxine whose ravages are specially determined to points, and serous and sero-fibrous tissues generally. (This view has been ably set forth by MacLagan & Bartholou.)

“3. No organism, as here hypothesised, however, has yet been discovered. Its existence is rendered probable by analogy with other kindred morbid conditions. Bacillary activity is known to become aggressive at temperatures near or below normal, and exposure to cold draughts of air is found to lower temperature and to favor bacillary invasion.

“4. It is not probable that the product of this bacillary germination is lactic acid in large amounts, the existence of which in rheumatic fever is well ascertained.

“5. The marked beneficial influence of salicylate salts is probably due, as held by MacLagan and others, to its germicide properties, which are particularly specific in controlling several of the most marked effects of the peccant material in rheumatic fever.

“6. The associated pyrexia, depends on bacillary invasion, is, when moderated, a favorable condition in checking its development and virulence, and constitutes in this as in other like conditions, a determinate towards recovery—a way out of the disease.

“7. Tendency to relapses may be explained by renewed bacillary activity, new generations occurring owing to inadequate or insufficiently prolonged specific treatment, or else to premature dieting with improper pabula, which favor the development and activity of the infecting organism.

“8. This infective theory fails, as yet, to explain all the special mani-



festations and phases of acute rheumatism, and no less does salicylate treatment fail to be available for all of them. Other factors are still to be discovered. No one can doubt the influence of the nervous system and of certain local conditions in determining sites of election for the disease. That the acute manifestations of rheumatic fever are due to specific infection to which persons of the so-called basic arthritic habit of body are especially prone can now admit of little doubt, and we may be prepared to meet with absolute proof and confirmation of this theory before a long time."

---

## DEPARTMENT OF SURGERY AND GYNECOLOGY.

---

IN CHARGE OF MILES F. PORTER, A. M., M. D.

Prof. of Surgery and Gynecology in the Fort Wayne College of Medicine.

ASSISTED BY

FRED J. HODGES, B. S., M. D.

Prof. of Genito-Urinary Surgery in the Fort Wayne College of Medicine.

### PUNCTURE OF THE SUBARACHNOID SPACE FOR DIAGNOSTIC PURPOSES.—

Puncture of the subarachnoid space in the lumbar region is a diagnostic measure which is likely to prove of great value. In the *Archives of Pediatrics* for March is an article by Dr. Wolfstein, in which the technique is fully explained, as well as the results to be expected. Tubercular meningitis, brain tumor, purulent meningitis, intraventricular hemorrhage and hemorrhage within the spinal canal are among the conditions which may be detected by this measure.

---

ENDOMETRITIS.—In chronic septic endometritis, J. D. Hamilton, (*Am. Jour. of Obstetrics*) cleanses the vagina and cervix with soap and water followed by a 1:3000 bichloride solution, dilates the cervix and irrigates the uterus with sterilized water. He then removes the entire endometrium with a sharp curette, again douches the uterus with sterilized water, applies to the whole endometrium pure tincture of iodine and packs the uterus with iodoform gauze. He says hysterectomy is the only safe treatment if the endometritis is tubercular.

---

ANATOMY OF HERNIA.—Dr. Packard (*Annals of Surgery*) takes exception to some of the commonly accepted ideas regarding the anatomy of oblique inguinal hernia. He holds that in this form of hernia, when of the acquired variety, the sac is not contained within the sheath of the cord, but that it lies parallel with it and not so intimately connected with it but that they may be easily separated. The neck of the sac, he says, does not

correspond to the internal ring, but is usually situated above it. His conclusions are based upon his observations in hernia operations and upon two dissections of herniated subjects. Our own observations upon cases operated for the radical cure of hernia, lead us to believe that subsequent investigations will confirm Packard's conclusions.

---

**TREATMENT OF INTRACAPSULAR FRACTURE OF THE FEMUR.**—Dr. Thos. G. Morton (*Annals of Surgery*) does not believe that the mere fact of advanced age should lead to the abandonment of the usual methods of treating intracapsular fractures of the femur.

The condition of the patient rather than the age per se should determine the surgeon's course in a given case. Some people are older at 50 than others are at 70. Extension and fixation should be used in all cases of intracapsular fracture unless the condition of the patient forbids. Cases in which the injury has resulted from trivial cause are usually best treated by the expectant method for in these cases the fracture is usually due to disease of the bone. Some very excellent results in aged patients are recorded.

---

**EPIDIDYMITIS.**—The affected testicle should be wrapped in lint and be moistened constantly, either with lead water and opium, or the following:

℞ Tinct. Aconiti . . . . . 1 ounce.  
 Tinct. Opii . . . . . 1 ounce.  
 Aq. Plumbi Dil. . . . . 2 ounces.  
 Aquæ . . . . . 2 ounces.

M.

—*Medical Brief.*

---

**CARBOLIC ACID.**—The use of carbolic acid in full strength upon the fresh tissues, raw surfaces, etc., causes the formation of a protective albuminate, a condition which renders further absorption impossible.

The same takes place when the strong acid is applied to a raw burned surface. It is not claimed that an aqueous dilution is safe when applied extensively to raw surfaces; on the contrary, the more dilute the more dangerous. In a case of washing out the thorax in the treatment of purulent pleurisy, the late Roger Keys, a most careful and judicious physician, came near losing a patient from absorption of the dilute acid.

"It will strike many of you with astonishment when I say that it would be safer to pour a gallon of pure carbolic acid into a purulent thoracic cavity than to pour in a gallon of water into which a single ounce of



carbolic acid has been placed. I will go even further, and say that excess of the strong acid in a cavity such as an abscess cavity, or upon exposed tissues, as a burn or a fresh wound, does no harm, while excess of a dilute solution, if left in a cavity or used over an extensive raw surface, will be promptly followed by dangerous, if not fatal toxic effects."—*Dr. Oscar H. Allis, in Philadelphia Polyclinic.*

(We know of no treatment which gives such complete satisfaction in burns, of whatever extent or degree, as does the application of pure carbolic acid. This opinion is based upon a considerable experience extending over a period of more than eighteen months.—ED.)

---

#### A NEW METHOD OF SECURING FIXATION OF THE KIDNEY (NEPHROPEXIA).

—Through the joint labors of Vulliet, of Geneva, and Pouillet, of Lyons, the profession is possessed of a new and highly original method of securing kidney fixation. It is so complicated, however, that time alone will determine if it possesses real practical value. It has thus far been made experimentally several times upon animals and once only upon the human subject, in this instance, however, with the most gratifying results. The principle of the method is to secure the organ in place by a living suture furnished by the body of the subject. It may be conveniently described in four stages.

1. The usual lumbar incision for exposing the kidney is made and the organ is brought into the wound,

2. A vertical incision 3 in. long is made about an inch from the spines of the lumbar vertebrae, having its centre opposite the first lumbar. The dissection is carried down until the insertion of the tendinous bundles of the latissimus dorsi and erector spinæ into the spine of the first is exposed, when one of them the size of a shoestring is seized and traction made upon it downward until its upper attachment gives way.

3. The tendon is threaded into a long stylet with large eye which is then plunged through the muscles of the back and brought out the operation wound.

4. The kidney is brought well forward in the wound and transfixed from below upward along its posterior surface close to its external border, and the tendon again carried through the dorsal muscles and its end fixed in the dissection wound.

In the one instance in which this method was actually employed, Pouillet presented the patient, a woman of 38, to the Societe Nationale de Medecine de Lyons three weeks afterward, who expressed herself as delighted with her cure as she could walk and work as well as ever.

## DEPARTMENT OF OBSTETRICS AND PAEDIATRICS.

IN CHARGE OF B. VAN SWERINGEN, M. D.

Professor of Theory and Practice of Medicine in the Fort Wayne College  
of Medicine.

**CYNOCEPHALOUS MONSTER.**—Joseph Haven (*Journal of the Am. Med. Assn.*, February 29, '96.,) reports the following case of maternal impression: Mrs. D. since her childhood has been possessed of great fear of even the picture of a dog, her mother having been frightened by one while carrying her *in utero*. After her marriage, Mrs. D. was greatly frightened by a dog, and being six weeks pregnant believed that her child would be marked like a dog. Later she was attacked and bitten by the same animal and immediately gave birth, prematurely, to a monster whose head was exactly similar to that of a dog.—*Univ. Med. Mag.*

[Cases such as this one, when well authenticated, can hardly be explained away as mere coincidences, but, on the other hand, conclusively prove the possibility of maternal impressions affecting the growth and development of the fetus even though our anatomists have, as yet, failed to demonstrate any direct nerve or blood connection between the two organisms.—ED.]

---

**BROMOFORM IN WHOOPING COUGH.**—Marfan (*Revue Internationale de Medecine et de Chirurgie*, April 25, 1896,) states that he has employed bromoform in forty cases of pertussis with good results. He believes it to be superior to antipyrin and to belladonna. For children, under six months to a year, from three to four drops. The daily dose should be administered in three portions. He prescribed it in an emulsion made of almond oil, gum arabic, gum tragacanth, cherry-laurel water, and water. According to Marfan, for the first two or three days the paroxysms of coughing may appear to be aggravated, but after the third or fourth a marked improvement is noticed. The remedy, however, is not uniformly successful, and the author cites three cases in which it was administered without benefit.—*Univ. Med. Mag.*, July, 1896.

---

**WHAT FACTORS ARE TO BE REGARDED IN THE DISINFECTION OF THE HAND.**—(*Monatsschrift für Geburtshilfe und Gynäkologie*, Bd. i., Heft. 3.) by F. Ahlfeld, M. D.

The discussion over the paper of Reinicke, read before the *Leipziger Gesellschaft für Geburtshilfe*, led Ahlfeld to undertake a series of experiments to determine the effectiveness of the ordinary method of disinfecting the hands. As a result of one hundred and twenty-two experiments made on



seventy-five different individuals, he reached the following conclusions:

1. An essential factor in the success or failure in disinfecting the hands is their previous condition. Hands with long nails, deep grooves around the edges of the nails, and rough, fissured skin are very difficult to sterilize.

2. A second factor is the energy, both physical and mental, with which the disinfection is conducted.

3. In the sterilization, alcohol plays the most important role, on account of its germicidal action.

4. The operation should begin with the trimming of the nails. Then the hands should be scrubbed one or two minutes with soap and hot water. After the nails have been carefully cleaned, the scrubbing should be continued again for one or two minutes. The water should be very hot and changed frequently during the process.

Careful observation of these points produced satisfactory results in all the experiments.—*International Med. Mag.*, June, 1896.

---

A CASE OF SECONDARY POST-PARTUM HEMORRHAGE ARISING FROM AN UNUSUAL CAUSE.—William H. Wells, in the *Philadelphia Polyclinic*, February, 1896, reports the case of a woman delivered by himself of a fair-sized baby after a normal labor, with a normal third stage, the placenta being expelled entire without undue effort, who began to bleed while straining at stool nine days after the delivery. He was called some hours after and found all the evidences of hemorrhage, the patient blanched, pulse 140, etc. He was obliged to douche the uterus with a creolin solution and pack with gauze to stop the bleeding. She had no further trouble. The cause, straining at stool so long after delivery, he thinks unusual.

---

SYMPHYSEOTOMY, AND ITS AFTER EFFECTS, WITH A DESCRIPTION OF A NEW METHOD, AND A REPORT OF FIVE SUCCESSFUL CASES.—Dr. Edward A. Ayers, in the *N. Y. Polyclinic*, of May 15, 1896, describes a method of performing symphyseotomy practiced by him as follows:

The patient being brought to the edge of the table, with the thighs flexed upon the abdomen, and the vagina and vulva properly cleansed, a small male urethral sound is used to hold the urethra and lower portion of the bladder to the patient's left. The labia minora and clitoris are then drawn well up and to the patient's left. The operator's left index finger is next introduced into the vagina and pressed against the posterior groove of the symphysis up to the top of the joint. A small incision is made about one-half inch below the clitoris.

A curved, probe-pointed bistoury is then passed through the wound,

close against the joint, to the top of the symphysis until it is felt by the tip of the left index finger. The blade now lies under the vessels of the clitoris, and need not cut any arteries. As the pubic bones are V shaped in front, I believe it is easier to enter the joint from in front than from behind. Moreover, the left index finger, being in close contact with the posterior groove of the joint, and the fingers holding the bistoury being very close in front, still greater facility is afforded for finding the joint. The bistoury is now worked carefully down through the symphysis, and the amount of section determined by the separation that ensues, the left finger being a constant guide to the amount of separation. For separating the sub-public ligament, it may prove best to change the direction of the bistoury, and cut up instead of down. The curved, probe-pointed bistoury is not necessary, and is slightly objectionable in that its backward curve forces the soft tissues lying over the joint further away than if it were straight. A slender, long tenotomy knife can be used with much grace and safety, beginning the incision along the middle of the joint, and working upwards and downwards. The cutting edge being only an inch long, there is no danger of cutting the sub-pubic vessels, when the handle is properly lowered. The guarding finger posteriorly will keep the urethra and bladder out of danger. A bistoury whose cutting edge is not over  $1\frac{1}{4}$  inches long at the probe end, and whose shaft curves like a sigmoid is the best, and I am having such a one made. I do not think there is any comparison between this method and Morisani's. While it has all the advantages of Pinard's open method, it avoids the vessels of the clitoris by passing under them; then if they are torn in delivery, they will not bleed so readily as when cut. In my four cases, there was no hemorrhage of any moment, nor any difficulty in finding the joint or making the section. The wound enlarges to the size of an inch during a two-inch separation. It is easy to check hemorrhage with gauze and fingers. I think I would prefer Pinard's method in symphyseotomy for impacted posterior occipital and face presentations, which will probably come within the scope of symphyseotomy before long, as it would be very difficult to introduce the finger well up behind the joint. In the after treatment of my patients, I have lightly packed the wound with iodoform gauze, put my usual gauze dressing over the vulva, and strapped the pelvis from side to side across the mons veneris with plaster strips. The gauze is removed in thirty-six hours, and the vulva and vagina kept thoroughly clean by means of bichloride irrigation. Catheterization can be done without risk of infecting the wound. In no case was it required more than twice. No special elevation of temperature occurred.

In one case I stitched the perineum with silk-worm gut. I shall refrain hereafter from stitching cervix or perineum, as the removal of the



stitches interferes with the immobility of the joint. Our judgment is better balanced when we first regard the symphysis, and reserve repair of the soft parts for a secondary operation. There is no added danger of infection from torn cervix or perineum, with careful daily irrigation of the vagina.

The title of my paper includes the clause: "With a description of a new method." Let me say here that my purpose in so wording my paper is not so much to obtain personal credit for originality, as it is to establish distinctly and definitely in our representative literature, the fact that there is a distinct and a better method than either Morisani's or Pinard's, which are the only ones given a hearing so far in our text-books.

---

## DEPARTMENT OF OPHTHALMOLOGY, OTOTOLOGY, LARYNGOLOGY AND RHINOLOGY.

IN CHARGE OF ALBERT E. BULSON, JR., B S., M. D.

Oculist and Aurist for St. Vincent's Orphan Asylum, and the Allen County Orphan Asylum. Professor of Laryngology and Rhinology in the Fort Wayne College of Medicine, Fort Wayne Indiana.

**IS EXOPHORIA CURABLE WITHOUT OPERATION.**—Prof. Don M. Campbell (in the June number of *The Physician and Surgeon*,) concludes an article on the above topic by saying that the question can be answered by *yes* in a great majority of cases, but that there are and probably always will be a small proportion of stubborn cases of very high degree which will demand operative management.

Of the many procedures employed in the correction of the defect known as exophoria, Dr. Campbell enumerates and discusses the following:

1. **CORRECTION OF ERRORS OF REFRACTION.**—As is well known, exophoria is most always associated with an error of refraction which may be hypermetropia, myopia, or some form of astigmatism. Experience teaches us that the correction of the errors of refraction is followed in many cases by immense benefit to the patient, and that frequently under this correction the muscular anomaly will disappear completely, this being most likely to be the case if the refractive error has been myopia, myopic or mixed astigmatism. On the other hand the correction of hypermetropic astigmatism will frequently cause great trouble until such time also as the exophoria be corrected, when both it and the symptoms will disappear. The author therefore says, to begin with, correct all errors of refraction accurately.

2. **GENERAL SYSTEMATIC TREATMENT OF A TONIC, HYGIENIC ALTERATIVE**

OR SPECIFIC NATURE.—Anything which will improve the general tone of the muscular or nervous system will be of decided benefit, and more especially might be mentioned the intelligent inquiry into and correction of the patient's hygienic surroundings and mode of life, his dietary, outdoor exercise, attention to his emunctories—especially the skin, and if need be the exhibition of judiciously selected medicinal agents. These indeed are important points in the cure and its permanency.

3. SURGICAL PROCEDURES.—These will consist either in advancement or tenotomies. The philosophy of operative procedure in these cases is about as follows: If a tenotomy of the external recti is made the idea is to weaken the strong antagonist in order to give the weak internal recti a better chance. If an advancement of the internal recti is made the idea is that the weakened muscles are advanced still further upon the eyeball in order to give the weakened fibres or insufficient nerve supply a better purchase upon the eyeball.

Much can be said for and against wholesale tenotomy, but after all is said and done, and all the back counties of assertion, denial, and above all of experience, have been heard from and critically weighed, the cool judgment of all must be that while undoubtedly operative work on the eye muscles has been hobbyized by some, and many a tenotomy has been done which might have been avoided, still in many an intractable and stubborn case operative procedure is the friend who has helped us out of a real dilemma.

4. What may be called the GYMNASTIC CORRECTION OF THE DEFECT.—There are two methods of carrying on muscular exercise by means of prisms. One works on the supposition that the defect is in the muscular fibres themselves and has been advocated by Savage, of Nashville, Tennessee, though used many years ago. It is now known as rhythmic exercise of the internal recti. The other form of practice is advocated chiefly by Gould, of Philadelphia, and has its underlying principle in the developing of the nerve supply of the internal recti, bringing into action the association between accommodation and convergence and using the prisms as handicappers to the recti.

This latter form of exercise seems to be the one that has given the best practical results, and by it the author says he has very frequently been able to overcome both high and low degrees of exophoria, not only so but make them pass over into the opposite state of esophoria to any desired extent.

There are, I am well aware, many in the profession who do not think this method of correcting these defects worthy of any consideration whatever, and yet I venture to say without fear of successful contradiction that



many of these cases can be permanently cured by means of properly directed exercise by means of prisms.

---

**OPHTHALMIA NEONATORUM.**—Prof. William Cheatham, in a recent article in the *Virginia Medical Semi-Monthly*, recommends the following to be used in the treatment of ophthalmia neonatorum, in conjunction with the ordinary boracic acid solution cleansing, and nitrate of silver painting of the averted lids.

Rx—Glyceride of tannin . . . . . ʒi  
 Aqua dest . . . . . q. s. ʒi  
 M.

This solution is dropped into each eye four times a day after cleansing.

The author claims that the glyceride of tannin serves a double purpose: By coagulating the secretion, it acts as a cleanser, and then its action on the inflamed mucous membrane is favorable by aiding to reduce congestion.

---

**A REMEDY FOR BLACK EYE.**—A writer in the *Medical Progress* says in this trouble, as well as in rheumatism, sore or stiff neck, there is nothing to compare with a tincture or strong infusion of capsicum mixed with an equal bulk of mucilage of gum arabic, with the addition of a few drops of glycerine. The bruised surface is painted with this mixture and allowed to dry on; a second or third time, if necessary, speedily relieves.

Last summer Mr. Chesebrough, the originator of vaseline, mentioned a new preparation for these troubles, in which the capsicum was combined with vaseline and used as above directed. It was so successful in some hands that it is now almost a daily prescription.

---

**OPTIC ATROPHY.**—Dr Culbertson recommends glonoin in conjunction with strychnin, in all forms of optic atrophy, retinitis pigmentosa, hereditary atrophy, atrophic choroiditis and all the toxic amblyopias. Dose, 1-50 grain given internally.—*Am. Jour. of Ophthalmology*, June, 1896.

---

## BOOK REVIEWS.

---

**A CLINICAL TEXT BOOK OF MEDICAL DIAGNOSIS**, for physicians and students, based on the most recent methods of examination. By Oswald Vierordt, M. D. Translated by Francis H. Stuart, S. M., M. D. Philadelphia. W. B. Saunders, 1895.

The triumphs of modern medicine have been nowhere more conspicuously seen than in the field of general diagnosis. The chemical and physical laboratories have been brought into line, to supplement the deduc-

tions of unaided observation. To be a great, or even a possibly good diagnostician to-day requires, in addition to the qualities which have always been essential, a wide acquaintance with chemico-physical laws and phenomena.

This naturally leads to a complete revision of the sources of information as contained in the text books designed as guides for the general practitioner. I have before me, side by side with the volume under examination, another on the same subject written by one of our foremost clinicians twenty years ago. The comparison is more interesting and instructive. It is perhaps in diseases of the stomach that the contrast is most striking. The introduction of laboratory methods has indeed revolutionized our knowledge of stomach disorders. The case of gastric disorder which pours its tale of woe into the ears of physician who is not practically conversant with these methods, is unfortunate.

Vierordt's medical diagnosis gives these, as well as all other modern methods, with as much completeness as is possible within the compass of a single volume. It is well worthy of a place in the working library of every progressive physician.

---

AN AMERICAN TEXT-BOOK OF OBSTETRICS, for Practitioners and Students. Edited by Richard C. Norris, M. D. Art Editor, Robert L. Dickinson, M. D. Contributors, James C. Cameron, M. D., Edward P. Davis, M. D., Robert L. Dickinson, M. D., Charles Warrington Earle, M. D., James H. Etheridge, M. D., Henry J. Garrigues, M. D., Barton Cooke Hirst, M. D., Charles Jewett, M. D., Chauncey D. Palmer, M. D., Theophilus Parvin, M. D., George A. Piersol, M. D., Edward Reynolds, M. D., Henry Schwarz, M. D., Howard A. Kelly, M. D. Publisher, W. B. Saunders, Philadelphia. Price: Cloth, \$7.00; Sheep, \$8.00; Half Morocco, \$8.00; Half Russia, \$9.00. For sale by subscription only.

The book includes considerations of the following general headings:

1. The generative organs.
2. Pregnancy.
3. Labor.
4. The puerperium.
5. The new-born infant,
6. Obstetric Surgery.

Under the first head, the anatomy of the pelvis, the anatomy of the female generative organs, and the physiology of the female generative organs, are very minutely described by Geo. A. Piersol, Professor of Anatomy at the University of Pennsylvania, than whom there is no one better qualified to speak in this country. He has done himself and the American profession credit by the masterful manner in which he has per-



formed his task. It is by far the best treatise on the subject we have seen, no small part of the success being due to the accompanying illustrations which are profuse and well executed.

The second chapter (Pregnancy) is further subdivided into

1. Physiology of pregnancy.
2. Diagnosis of pregnancy.
3. Hygiene and management of pregnancy.
4. Pathology of pregnancy.

Except for a chapter on the general changes in pregnancy by Dr. Palmer, the first subdivision (Physiology of pregnancy) is contributed by Prof. Piersol and is very satisfactory. Dr. Piersol's long experience as a teacher of embryology in the University of Pennsylvania and his original investigations in this subject make him particularly fitted to present it. He embraces under this title the development of the embryo and fetus, the physiology of the fetus, multiple conceptions, and changes in the maternal organisms induced by pregnancy.

The second subdivision (Diagnosis of pregnancy) contains a chapter on the symptoms and signs of pregnancy by Palmer, one on the duration of pregnancy by Palmer and Piersol, and one on the prolongation of pregnancy by Palmer.

The third subdivision is a well written and up-to-date consideration of the hygiene and management of pregnancy by Dr. Palmer.

The fourth subdivision (Pathology of pregnancy) discusses the diseases of the several systems, the general disorders of pregnancy, the acute infections during pregnancy, accidents and surgical operations during pregnancy (by Edward P. Davis, of Philadelphia), diseases of the ovum and abortion (by James H. Etheridge, of Chicago), extra-uterine pregnancy (by Howard Kelly, of Baltimore), and diseases of the fetus in utero (by C. W. Earle and M. J. Mergler).

The third general heading, Labor, is again divided into.

1. The physiology of labor.
2. Conduct of normal labor.
3. Mechanism of labor.
4. Dystocia.

Robert L. Dickinson does justice to the physiology of labor, while Charles Jewett satisfactorily treats of the conduct of normal labor. The mechanism of labor is presented by Edward Reynolds, of Boston, in a very clear and orderly manner. With the exception of chapters on dystocia due to accidents to the umbilical cord by Parvin and dystocia due to hemorrhage by Parvin and Schwarz, and dystocia due to diseases of the mother by Parvin, the subject of dystocia is presented by Barton Cooke

Hirst and owing to the reputation of the author it is unnecessary to say that it is well and creditably done.

The fourth general heading, The Puerperium, contains four subdivisions.

The first three, the physiology, diagnosis and management of the puerperium are very ably handled by Charles Jewett.

The Pathology of the puerperium is written by the editor, Dr. Richard C. Norris, with the exception of part of the chapter on injuries to the genital organs following labor, which is by Schwartz, and that on puerperal infection by Garrigues. It forms one of the most interesting and instructive chapters in the work.

The fifth general heading, The New-born Infant, is again divided into the physiology and pathology of the new-born infant. The former chapter is contributed by Etheridge and the latter by Charles W. Earle, now deceased. The work assigned to Dr. Earle was completed after his death by one of his associates Dr. M. J. Mergler.

The sixth general heading, Obstetric Surgery, includes three subdivisions, that of instrumental operations, by J. Chalmers Cameron, of Montreal, manual operations, by Dickinson, and celiotomy for sepsis in the child-bearing period, by Hirst.

It would be hard to say enough of praise for this elaborate work. Viewed from the standpoint of a general practitioner it may be said that it is invaluable. The illustrations are artistic and so profuse that one has the steps of a process in view as he reads the text oftentimes. The value of the book is greatly enhanced by them. The arrangement of the subject matter is good and it is well treated. Useless discussions have been avoided and one is offered the latest accepted facts and theories in a very clear, concise and yet exhaustive manner. It should take its place at the head of text-books on Obstetrics. S.

---

NEW TRUTHS IN OPHTHALMOLOGY, as developed by G. C. Savage, M. D., Professor of Ophthalmology in the Medical Department of the Vanderbilt University, ex-President Nashville Academy of Medicine, President Tennessee State Medical Society, Member Eighth International Congress of Ophthalmology. Third edition, 1896; 265 pages, 58 illustrations. Price, \$2.00. Published by the author.

This work, now in its third edition and considerably enlarged and amplified, is the only one which takes up the subject of orthophoria and treats it in a clear and concise manner, while giving to the reader views which, if not new, have been greatly developed and placed in a form to be readily understood and practically applied.

All oculists admit that muscular insufficiency is productive of inconvenience, discomfort and possible serious results to the patient, and in the course of much discussion upon this subject, various conflicting views have been expressed regarding its management and treatment. With the publication of Dr. Savage's first work, bringing before the profession new and original ideas, some unfavorable criticism was encountered, but the ideas of the author, and the methods pursued by him in the management of unequal muscular balance, have now been sufficiently studied and tested to prove their value and importance. Some of the author's critics have been compelled to acknowledge the truthfulness of the thoughts and ar-



guments expressed in the first edition after having applied the methods in practice.

In the treatment of unequal muscular balance of the recti muscles, it would seem, to almost any fair minded man, that it is neither scientific nor rational to impair the strength of any muscle in order to place it on an equality with a functionally weaker one, and therefore the "graduated tenotomy,"—which has become so universally popular, and which must be considered another fallacy in this era of surgical debauch,—is bound to lose prestige. Dr. Savage argues rightly that contraction and relaxation, alternating in short and rhythmic order, and continued short of fatigue, is the kind of exercise that develops the muscles in any part of the body. Putting this fact into practice he develops the recti muscles by producing (with prisms) rhythmic contraction and relaxation. The author contends that muscular insufficiency (either exophoria or esophoria) of less than six degrees can be overcome by his method of gymnastic training, and "graduated" or complete tenotomy only becomes necessary when the error exceeds that amount.

The work is divided into three parts. Part I treats of "New Truths in Ophthalmology" and contains the following chapters:

1. The Harmonious Symmetric Action of Oblique Muscles in all Cases of Oblique Astigmatism.
2. The Functions of the Oblique Muscles Especially as They are Related to Oblique Astigmatism.
3. The Oblique Muscles and Oblique Astigmatism: A Reply to Dr. Hotz' Criticism.
4. Obliquity of Retinal Images, as Illustrated by Photography.
5. Insufficiency of the Oblique Muscles and How to Correct Them.
6. The Relationship Between the Centers of Accommodation and Convergence.
7. Rhythmic Exercise the Proper Method of Developing the Ocular Muscles.
8. Sthenic and Asthenic Orthophoria and Sthenic and Asthenic Heterophoria.
9. Can Presbyopia be Deferred by Exercise of the Ciliary Muscle?
10. The Law of Direction.
11. The Monoscopter.

Part II takes up the subject "Contributions to Old Studies," to which is given two chapters:

1. Heterophoria: A safe line drawn between operative and non-operative cases; and the author's method of operating.
2. The necessity for complete suspension of the accommodation by Mydriatics in the adjustment of Glasses.

Part III is a new and valuable addition and treats entirely of "Operations" as devised or improved by the author. In this part will be found chapters as follows:

1. Muscle Shortening versus Muscle Advancement.
2. The Indication for and the Advantages and Technique of Muscle Shortening
3. A New Operation for Pterygium.
4. Artificial Opening through the Center of Soft Cataract.
5. The Simplest and Best Operation for the Cure of Entropion and Trichiasis.
6. To Narrow the Palpebral Fissure.

The entire work is of interest to all physicians who give any attention to the treatment of eye defects and who wish to adopt the latest, most rational and most successful methods of relieving patients.

B.

# FORT WAYNE MEDICAL MAGAZINE.

---

VOL. IV.

AUGUST, 1896.

NO. 8.

---

## ORIGINAL ARTICLES.

No paper published or to be published elsewhere as original will be accepted in this department.

---

### *ASEPTIC TECHNIQUE OF ABDOMINAL AND PELVIC OPERATIONS OUTSIDE OF HOSPITALS.\**

BY CHARLES N. SMITH, M. D.

Professor of Gynecology and Clinical Gynecology in the Toledo Medical College.

Gynecologist to St. Vincent Hospital, Toledo, Ohio.

At a meeting of this Society, held in Coldwater one year ago, considerable discussion was provoked by the remark of one of our prominent members, whom I esteem most highly, both as a physician and as a friend, to the effect that success in abdominal surgery outside of hospitals was seldom attained. This want of success was attributed largely to unfavorable surroundings and the difficulty of maintaining an aseptic technique throughout the operation.

Having had a fairly extensive experience in performing abdominal operations outside of hospitals; for the rich and for

\*Read before the Northern Tri-State Medical Society at Angola, Indiana, July 21st, 1896.



the poor, in city and in country, in clean and in filthy surroundings; and having had in such cases as good results as could possibly attain in hospitals, that is, with neither deaths nor septic infection resulting from causes due to the surroundings; I consider that the following remarks upon the aseptic technique of abdominal and pelvic operations outside of hospitals will not be out of place before this assemblage. I realize that the subject is a hackneyed one to many of you and that I shall not be able to present any pronounced views bearing the semblance of originality.

I must premise my remarks by a disclaimer of any intention to ignore or belittle the advantages accruing to a surgical patient from residence within a properly conducted hospital. Operating, as I do upon the great majority of my patients, within a thoroughly equipped hospital, I am fully cognizant of these advantages and urge upon my patients the advisability of availing themselves of them whenever it is possible. The comfort and contentment of a surgeon when operating in his usual operating room, seconded by his accustomed and efficient assistants, and surrounded by his trained operating room nurses, are features of no little importance in an operation and, consequently, cannot be considered otherwise than of value to the patient. Maintenance of asepsis is not difficult in a modern operating room where all engaged in the work are, by constant experience, thoroughly conversant with the rules and practice of asepsis. On the other hand, it is difficult both to obtain, and to maintain, asepsis in a hastily extemporized operating room in a private residence, with assistants who, while they may have an extended theoretical knowledge of asepsis, have but little or no actual experience in its exacting details, and with nurses of no practical worth.

The difficulties confronting a surgeon when operating outside of a hospital are not, however, insurmountable. Aseptic work can be done, but only at the expense of laborious personal endeavor and unceasing vigilance by the surgeon. The preparation of room, patient, and all materials employed during an

operation, must be undertaken largely by the surgeon himself. A surgeon who is having constant experience in carrying out an aseptic technique in hospital practice will readily adapt himself to the conditions, unfavorable as they may be, surrounding him and his patient in the latter's residence and succeed in maintaining a condition of asepsis during the progress of an operation, more readily than one not so constantly drilled. Those physicians who, having no desire to perform abdominal operations, prefer to call to their assistance a consulting surgeon, can render him most valuable and necessary service by properly preparing the operating room, the patient, and some necessities for the operation, before his coming.

In selecting the room for an operation, one should be chosen which can be easily cleaned and which affords a good light in such a position that the patient may lie with either head or foot, as the case may require, towards the window. One thought, which must ever be in mind while preparing a room, is to raise as little dust as possible. Under no circumstances should the room be vigorously swept on the day of operation. It is far better to leave the dirt on the floor than to send it flying through the air to settle on the sterilized dressings and the newly made wound. All unnecessary furniture should be removed from the room, although two tables, two or three plain chairs, and the patient's bed if necessary, may be allowed to remain. Draperies and lace curtains, but not the window shades, should be taken down. The walls and ceiling should be wiped with a cloth and the wood-work washed. If the room can be prepared at least twenty-four hours before the operation is to be performed, and if it has a good floor, the carpet may be removed and the floor well scrubbed with hot water and soap. Otherwise, I prefer that the carpet, even if dusty, remain upon the floor. When not removed, the carpet, shortly before the hour for the operation, should be covered with well dampened sheets. When the carpet is removed, it is advisable to either cover the floor with dampened sheets or to sprinkle it with water, as the cracks be-



tween the boards are apt to be filled with the accumulated dust of years.

For an operating table, any kitchen or dining room table will answer, preference being given to a narrow one, and one which can be readily cleaned. If a kitchen table be used it should be well scrubbed with hot water and soap. If it be a reasonably clean varnished table, it will be necessary only to wash it with warm water and cloth. When cleaned and in position in the operating room, the table should be covered with clean sheets, preferably so arranged as to reach to the floor. If the table be too short for a patient to lie upon at full length, a chair may be inclined against the foot of the table and the patient's lower legs and feet placed upon it. One or two smaller tables and two or three chairs, for instrument trays, dressing boxes and wash bowls, should be similarly prepared.

Sterilized water, both hot and cold, must be prepared in liberal quantities, as all the water employed in cleansing the site of operation, in washing the hands of the surgeon and his assistants, in rinsing gauze sponges, and in irrigation, if it be required, must be sterile. From three to five gallons of cold, and a somewhat smaller quantity of hot water, will meet the requirements. Where perfectly clear or filtered water is obtainable, boiling for five minutes is sufficient to render it sterile. If the water is not clear, but contains particles of solid material, it must be strained through several layers of closely woven cloth, both before and after boiling. The cloth to be used in straining boiled water must itself be previously sterilized by boiling in water or by steam sterilization. The boiled water should be poured directly from the boiler into the containers in which it is to be stored until required for operation. The stoneware crocks, so commonly found in the houses of rich and poor alike, answer admirably for water containers. They should be well washed with soap and hot water, with the addition of sapolio, clean sand or wood ashes, then washed with water and cloth, to remove the soap and such other material as has been used in cleansing them, and finally thoroughly rinsed with boiling water. They should not

be wiped dry after this scalding except it be with a sterilized cloth in sterile hands. The water having been poured into the crocks, they should be covered by a scalded table plate, and placed out of the reach of the many, that the water may cool. As water cools slowly it is desirable that it be prepared several hours before the time appointed for the operation:

Two or three pitchers and wash bowls, or enameled basins, must be cleansed after the manner indicated for cleansing the water containers. Sterilized water may be stored in these pitchers. It will then be necessary to cover them with freshly laundered or sterilized towels.

For the sterilization of the cotton and linen fabrics employed during the operation, a steam sterilizer is necessary. Three forms of steam sterilizers are in the market,—one for high steam, or steam under pressure, and two for low or streaming steam. The high steam sterilizers are too large and heavy for transportation, so that their employment is practically limited to hospitals. The high steam or pressure sterilizers are bacteriologically perfect in effect, that is, their product is bacteriologically sterile.

The sterilizers using low or streaming steam or, in other words, steam in motion, are of two kinds. In one, the steam enters the sterilizing chamber from below and passes upward through the material placed in the chamber. These are known as under steam sterilizers. They are faulty in construction and action, in that the steam, being lighter than the air, rushes through the sterilizing chamber by the route offering least resistance and escapes at the top without entirely expelling the air or completely penetrating all the material contained in the chamber, so that some portion of the material will escape sterilization. While many convenient and attractive styles of under steam sterilizers have been devised, they cannot be depended upon to effect sterilization and their use should be abandoned.

Over steam sterilizers, of which class the sterilizer of Boeck-



mann is the only one with which I am familiar, insure the complete saturation by steam of all materials in the chamber and the expulsion of all air therefrom. The steam, entering at the highest point of the chamber, forces the air downward and out through an opening in the bottom of the chamber immediately over the flame. Every particle of material is literally boiled in the water of the steam. The over steam sterilizer of Boeckmann, while not bacteriologically perfect, is surgically so, in that it destroys all pathogenic germs. When sterilization is completed, a cork in the outer cover or hood is removed, steam escapes from the sterilizer and the chamber is filled from below with hot air, which thoroughly dries the sterilized materials, a feature of no little importance. This sterilizer is compact, light, easily portable and comparatively inexpensive.

For an abdominal section there will be required two or more operating gowns; two sheets for covering the patient when on the table; one dozen towels for surrounding the field of operation and for the hands; one or two small gauze pads for sponges; four large gauze pads for walling off the intestines, if necessary, and for dressing the wound; a Mikulicz's gauze drain; loose gauze for filling the Mikulicz's drain and for dressing the incision; one-quarter of a pound of absorbent cotton; and a many tailed bandage. These should be placed in the sterilizer one hour before beginning the operation and exposed to steam for not less than thirty minutes. If preferred, this material may be sterilized at the surgeon's home and carried to the place of operation in a sterilized metallic dressing box.

Instruments, having been scrubbed with brush, hot water and soap, are sterilized by boiling for five minutes in water containing one per cent. of washing soda. Instrument trays, preferably of white enamel or granite ware, the rubber douche bag or irrigator funnel, rubber tubing, glass irrigator tips and the hand brushes should be sterilized by boiling with the instruments. These articles can be previously sterilized and carried to the place of operation well wrapped in sterilized towels. It

is my preference and custom to sterilize them at the patient's house immediately before the operation. Boeckmann has recently devised a portable combination sterilizer for boiling instruments; and for sterilizing dressings, towels, and gauze, by over steam. No special instrument boiler is, however, necessary as any clean pan of sufficient size and having a cover will fully answer the purpose.

Silk and silk-worm gut may be sterilized by boiling with the instruments, or the silk may be previously sterilized by boiling and then preserved in alcohol. These two materials may be made to answer every purpose for both sutures and ligatures.

Catgut and kangaroo tendon are, in certain cases, preferable to a non-absorbable material for ligatures and buried sutures. The great objection to the employment of them, especially the former, is the marked difficulty in rendering them sterile and in preventing them from acting as culture media after being placed in the tissues.

Numerous methods for the sterilization of catgut are in vogue, but the satisfactory ones are so complex, and are carried out only at the expense of so much time and exacting detail, that their adoption by a surgeon who has but slight occasion for the employment of such material can scarcely be expected. To depend upon the prepared catgut of the shops is to place the success of an operation, and possibly the life of a patient, in the hands of a person having no higher interest than a commercial one in the preparation of the gut. Unless the surgeon is willing to devote his time and attention to the preparation of the catgut and has the requisite skill and experience therein, it is far safer for him to depend upon silk and silk-worm gut for suture and ligature materials.

I am not prepared to unqualifiedly advise the adoption of any one of the many advocated methods for the preparation of catgut. The following, which is the method adopted at St. Joseph's Hospital, Chicago, and practically the same as em-



ployed at the Presbyterian Hospital of that city, is comparatively simple and, in the limited experience which I have had with it, has proved satisfactory. Surgeons connected with those hospitals assure me that they have never had infection from catgut so prepared: The catgut is soaked in ether for three days, changing the ether once. It is then soaked for three days in an alcoholic solution of mercuric chloride, 1 to 100, the solution being changed once. Two hundred parts by weight of catgut are finally soaked for from five to ten days, depending upon the size of the strands, in a solution composed of carbolic acid 200 parts, alcohol 2000 parts, and chromic acid 1 part. The prepared gut is preserved in an alcoholic solution of bichloride, 1 to 1000. Kangaroo tendon may be prepared in the same manner.

Edebohls, (*Amer. Gynec. and Obs. Journal*, May, 1896.) after extended experiments, has evolved a method for the sterilization of catgut which has proven entirely satisfactory to him in a wide clinical experience extending over several months. It is, briefly, as follows: Select the clock-maker's catgut which has not been smoothed by sandpaper; soak it for several days in ether to remove the fat; remove from ether and dry thoroughly; wind upon a cylinder slightly smaller than the catgut coils; chromisize by placing for thirty hours in the following: Bichromate of potassium 1.5 grammes, carbolic acid 10 grammes, glycerine 10 grammes, water 480 grammes, dissolving the potassium in the water, then adding the carbolic acid and glycerine; remove from this solution and stretch upon a wooden frame to prevent curling or kinking of the gut as it dries; dry for several days at a temperature not above 40° or 50° C. (104° or 113° F); roll and tie in small coils; place in small jars, [fill with absolute alcohol and screw down cover fluid tight; place small jars in large anatomical jar containing from two to four ounces of absolute alcohol and screw the cover air and fluid tight; sterilize in steam sterilizer for five hours; refill small jars with absolute alcohol as may be needed; place aside for use.

Clark and Miller (*Johns Hopkins Hospital Bulletin*, February and March, 1896) describe the following method, modified from

that of Kronig for the sterilization of catgut by boiling in cumol:

“1. Cut the catgut into the desired lengths and roll twelve strands in a figure of eight form so that it may be slipped into a large test tube.

2. Bring the catgut gradually up to a temperature of  $80^{\circ}$  C., and hold it at this point one hour.

3. Place the catgut in cumol, which must not be above a temperature of  $100^{\circ}$  C., raise it to  $165^{\circ}$  C., and hold it at this point for one hour.

4. Pour off the cumol and either allow the heat of the sand-bath to dry the catgut or transfer it to a hot-air oven, at a temperature of  $100^{\circ}$  C., for two hours.

5. Transfer the rings with sterile forceps to test tubes previously sterilized as in the laboratory.”

Kronig preserves the catgut in benzine, but this is not a germicide and cannot be rendered sterile by heat without great danger.

The objections to the above methods, granting that from a bacteriological standpoint they are perfect, are, the long time required in completing the process of sterilization, the repeated handling of the catgut in the different stages of its preparation, and the paraphernalia required. A quicker, safer and simpler method, and one equally as efficacious, is required to prove uniformly popular with the profession.

Sterilization of catgut by dry heat, introduced by Reverdin, meets the requirements of a perfect method for general adoption. To Boeckmann, of St. Paul, (*Northwestern Lancet*, Feb. 1st, 1894; *Jour. Amer. Med. Assn.*, Jan. 25, 1896.) we are indebted for the perfection of a low priced, simple and perfect sterilizer for the sterilization of catgut. It is the same instrument as above advised for the sterilization of dressings by over steam. In the sterilization of catgut, however, the steam does not enter the sterilizing chamber. In this, as in the other methods, only the best grade of catgut must be employed. The catgut, without preliminary extraction of its fat, is cut into suitable lengths,



shaped into coils, and each coil wrapped in two thicknesses of waxed paper. Each package is placed in a small envelope and hermetically sealed. The envelopes are placed on edge in a shallow copper box fitted into the bottom of the sterilizing chamber. The sterilizer is placed over the flame and the temperature gradually raised to  $284^{\circ}$  F ( $140^{\circ}$  C). At least three hours should be consumed in raising the temperature to this point, at which it should be maintained for four hours. Sterilization is now complete. The envelopes may be safely carried in the pocket or in the instrument bag. McLaren (*Amer. Gynec. and Obs. Jour.*, March, 1895) and many others, of St. Paul especially, unqualifiedly endorse this method and the instrument of Boeckmann.

In the preparation of the patient much will depend upon the nature of the case. If it be an emergency case, as one of ruptured ectopic gestation, no time can be lost in bathing the patient or waiting upon the action of cathartics. If it be a case of acute appendicitis with probable perforation, cathartics are contraindicated, but their employment is not so urgent if, early in the case, resort has been had, as demanded by the modern method of treatment, to the free use of salines. In operation for chronic conditions, where haste is not necessary, sufficient time may be taken for the deliberate preparation of the patient. This requires a full hot soap bath for two or three evenings prior to the day of operation, and free evacuation of the bowels by cathartics, preferably salines, administered for two or three days.

An enema of soap and warm water should be given two or three hours before the operation. This is especially necessary in operations on the perineum and in those performed through the vagina. In emergency cases when the bowels cannot be emptied by catharsis, an enema, at least, can be employed. The bladder should be emptied, by catheterization if necessary, a few minutes prior to the operation.

The abdomen must be thoroughly cleansed in every case.

When possible, it is desirable that this be done ten or twelve hours before operation or, in emergency cases, as soon as operation has been determined upon. Even if the attending physician does not intend to perform the operation, he can expedite matters and, at the same time, render more certain a favorable result, by preparing the abdomen while awaiting the coming of his consultant.

The abdomen is first shaved, after which it is scrubbed, for from five to ten minutes, with hot water and soap with a boiled brush. It is then rinsed off with boiled water and well rubbed with ether by means of sterilized gauze or absorbent cotton. Rubbing with alcohol follows and then the abdomen is covered with sterilized absorbent cotton, ~~or~~ a folded towel, which has been wrung out of a mercuric chloride solution, 1 to 1000. It is the fact that several hours are necessary for the bichloride to be effective, that renders it advisable to prepare the abdomen ten or twelve hours before the operation. After shaving the abdomen and before beginning the scrubbing, the surgeon must sterilize his hands.

Cleansing of the abdomen after the patient is on the table and under anesthesia is detrimental to the patient, in so much as it prolongs the period of anesthesia. In cases complicated by acute peritonitis, however, it generally proves necessary to cleanse the abdomen at this time. When the abdomen has been prepared several hours prior to the operation, it is advisable to again scrub it briefly, after the patient is on the table, with water and soap, to be followed by rubbing with alcohol, that protection made be made doubly sure.

Alfeld and Vahle (*Deutsch. Med. Woch. No. 6, 1896*) have recently shown that while alcohol possesses but slight germicidal power when applied to the *dry* skin, it has such power in a pronounced degree when applied to the *moist* skin.

In operations upon and through the vulva and vagina, unusual difficulties in cleansing the operative field are encountered. These difficulties arise from the physiological



conditions and anatomical construction of the parts. The walls of the vagina and surfaces of the labia are coated with a tenacious protecting mucus which is not readily removed by means calculated to add to the patient's comfort, while the normal anatomical folds and recesses of the parts considerably embarrass the surgeon in his efforts at disinfection.

The hazardous practice of operating within the vagina after a simple douching of that canal with carbolized water, or even a bichloride solution, as the only antiseptic precaution cannot be too strongly condemned. The employment of bichloride solution within the vagina must invariably be preceded by a thorough mechanical cleansing by hot water, soap and brisk friction. It is only after the secretions of the vagina have been entirely removed that bichloride solution is effective. Even then, the mechanical cleansing is of more efficacy than the bichloride douche.

In all cases the vulva is shaved, for hairs are sterilized with difficulty and, if allowed to remain, interfere materially with the performance of the operation and the subsequent application of aseptic dressings. The vulva and walls of the vagina are thoroughly scrubbed with hot water and green soap, by means of a gauze or absorbent cotton mop, special attention being given to the folds and rugosities of the vaginal mucous membrane. The soap having been rinsed off with sterilized water, a hot, two per cent. creolin douche is given, the vagina being again scrubbed with a mop while the creolin solution is flowing. A hot bichloride douche, 1 to 1000, follows, after which, the vagina is again rinsed with sterilized water, wiped dry and lightly packed with iodoform gauze. On the morning of operation these preparatory procedures are repeated. This extensive preparatory technique cannot, of course, be employed in cases demanding immediate operation. One thorough cleansing of the vulva and vagina must be made before the operation is begun.

In the sterilization of the surgeon's hands and forearms while both mechanical and chemical means should be employed,

it must ever be remembered that the mechanical is not only the most important, but also the absolutely essential, element. Too frequently we see a surgeon wash his hands in a desultory way for two or three minutes, give them a splash in a bichloride solution and consider that the demands of asepsis have been met. We now know that any chemical agent which can be safely and comfortably applied to the skin can have but little germicidal effect within the short time which can be given to the preparation of the hands. In view of this fact, we have learned to depend, more and more, for the sterilization of the hands upon mechanical means—prolonged and vigorous scrubbing with a stiff brush. The finger nails having been closely cut and well cleaned, the hands and forearms should be thoroughly and attentively scrubbed with a stiff brush and good soap, preferably the German green soap, in water as hot as can be borne. This scrubbing should be continued for not less than ten minutes, invariably using the watch, that full time may be taken. The water should be changed at least three or four times and two or more sterilized brushes used. The hands and forearms should then be soaked two or three minutes in bichloride solution, 1 to 500, rinsed in sterilized water and finally rubbed with alcohol. Potassium permanganate and oxalic acid may be employed if the operator so elects.

The site of operation; the surgeon's hands; the instruments; all dressings and materials to be employed in the operation; having been made aseptic, it now remains to maintain all these in their aseptic condition. Constant watchfulness and the habit which comes from frequent drilling will alone assure the maintenance of an aseptic condition. This habit can be attained by any one who is naturally clean in his personal habits, who is willing to conscientiously and enthusiastically perform the minute and exacting details required, and who realizes, not only the responsibilities placed upon him, but also the demands which will be exacted of him by a critical laity and an ever watchful profession.

1921 Franklin Avenue.



*SOME CONSIDERATIONS REGARDING THE TREATMENT OF ACUTE OTITIS MEDIA.\**

BY ALBERT E. BULSON, JR., B. S., M. D.

Oculist and Aurist for St. Vincent's Orphan Asylum, and the Allen County Orphan Asylum. Professor of Laryngology and Rhinology in the Fort Wayne College of Medicine, Fort Wayne Indiana.

This paper was suggested as a result of a realization of the lack of appreciation which the laity, and, I am sorry to say, some of the medical profession,—more especially men in general practice—have of the importance of early and proper treatment of acute ear troubles, particularly acute inflammation of the middle ear. In the public mind an “ear ache” and even a discharge from the ear is something quite harmless, the idea being favored by the fact that many ear aches spontaneously subside without inflicting any harm either upon the ear or upon the general health of the individual affected, and that many individuals are subject for years to a chronic discharge from an ear and suffer nothing further than inconvenience, and the impairment of hearing which must necessarily accompany such an affection, and which latter seems to be inconsequential to the patient providing the hearing power remains undiminished in the fellow ear.

I have several times been surprised to know that otherwise intelligent physicians lend encouragement to this vicious idea, and, in event of serious results, to totally ignore the real cause of trouble and stolidly assert that a complication of troubles produced irreparable results, of which an ear affection formed no part.

It has been truthfully said that the importance of a knowledge of this question needs to be impressed upon the mind of the average physician about as much as upon the mind of any member of the laity, and that each be led to understand that “in a great many instances an ear ache is the warning note of a serious inflammation of the middle ear that may damage or destroy the hearing, that may inflict a lifelong discharge from the

\*Read before the Northern Tri-State Medical Association, at the annual meeting held at Angola, Ind., July 21, 1896.

ear upon the sufferer, or that may even—in instances that are not so very rare—terminate in a fatal meningitis or abscess of the brain.” The only safe rule to follow, as laid down by competent aurists, is to consider every ear ache as worthy to be investigated and treated promptly in accordance with well-established therapeutical laws, and every general practitioner should be sufficiently skilled in the use of aural instruments to be able to find out just what is the nature and extent of the pathological process that is causing the ear to ache.

Typical ear ache is most frequently encountered in acute catarrhal and acute purulent inflammation of the middle ear, in each of which pain should be sufficient to warrant a thorough aural examination and the adoption of proper remedial measures to control the inflammatory process.

Acute catharrhal inflammation of the middle ear more commonly proceeds from a “cold in the head,” though it may occur like acute purulent inflammation of the middle ear in the course of any acute infectious disease. Not infrequent causes are sea-bathing or diving in any water, improper use of the nasal douche, and snuffing of salt water for the relief of nasal catarrh, and in children the disease frequently occurs during the process of teething.

Children suffer from acute catarrhal inflammation of the middle ear proportionately more often than adults, some children being subject to frequent attacks. The pain usually comes on during the night, while during the day there may be no manifestation of trouble. Parents seldom seek professional advice for this form of ear ache, and if any treatment be instituted it usually consists in the insertion of a hot onion in the meatus, or the instillation of some drops, principle among which are laudanum and sweet oil, warm goose oil, lard, glycerine, etc.

In many instances the family physician has been the first to prescribe the popular ear ache mixture composed of laudanum and sweet oil, forgetting or not knowing that it is not only decidedly unwise to instill any oily solutions into the canal for relief of pain, but that such instillations possess absolutely no



therapeutic value, and usually prolong the duration of the disease, as well as offer a decided obstacle to satisfactory inspection of the parts and certain diagnosis of the trouble. These patients later in life are compelled to consult an aurist for the relief of gradually increasing deafness—for the frequently recurring acute or subacute attacks of catharrhal inflammation of the middle ear during childhood lead often to adhesions and permanent retraction of the drum-head, and in some cases to secondary involvement of the internal ear. Buckwell says that "There would be fewer cases of incurable forms of chronic middle-ear catarrh if the ear aches of childhood received proper recognition and treatment."

Again, with the advent of ear ache, as an indication of the beginning of an acute inflammation of the middle ear, it is impossible to decide positively whether the attack will eventually be of the catarrhal or of the purulent variety, and, therefore, it is best to assume that the attack will be one of purulent inflammation, and by adoption of proper treatment, if possible, abort the trouble, with its portending destruction of the function of the ear and possible serious complications.

Medical men as well as the laity should appreciate the fact that an acute inflammation of the middle ear, whether catarrhal or purulent in character, *should not be considered a disease of minor importance and allowed to run its course unchecked.* It is not an exaggeration to say, in the language of one of our noted aurists, that "under proper treatment, if begun early, i. e., within a few days after the *onset* of an attack, an acute inflammation of the middle ear rarely results in the patient's death, or seriously impairs the hearing of the affected ear, or passes into a really chronic purulent inflammation,"—an opinion that has been substantiated to my satisfaction by actual experience.

Given a well defined case of ear ache in either child or adult, it becomes necessary to make a careful examination of the ear, including inspection of the tympanum, which must be done by good light and with the aid of a suitable head-mirror and aural

speculum. Upon the physical examination will largely depend the definite diagnosis, and likewise the prognosis and treatment.

In either the catarrhal or suppurative form of inflammation of the middle ear, the tympanum will partake of the congestion and inflammation, but in the beginning of each the appearances will be dissimilar. In the catarrhal form the membrani tympani will show in the early stages a decidedly hyperaemic condition, which is most marked in the region of the manubrium, the redness shading off gradually into the normal color of the part. At a later period the entire membrani tympani bulges *as a whole*, the change in position not being limited to the portion of the membrani tympani lying *above the short process of the malleus* as is the case in acute purulent inflammation of the middle ear.

In the catarrhal form of inflammation the drum membrane bulges out as a distinct and uniformly red globular mass which fills the fundus of the canal, while in the purulent form the drum membrane will present an intensely red or venous appearance *above* the short process of the malleus, and the bulging is confined to this region, the tumefaction oftentimes being so great as to actually overhang the short process of the malleus.

The pain accompanying the catarrhal form of inflammation is not as severe as that accompanying the purulent form, nor is the systemic disturbance so great, though each may result in perforation of the drum, such being almost invariably the case with the purulent form.

In children the symptoms accompanying either inflammation may become so severe as to incline one to believe that the disease is of very grave character. The temperature frequently reaches 103 to 104 degrees, and not infrequently goes as high as 106 degrees. In certain cases the attack may be ushered in by repeated convulsions and by vomiting, simulating very closely an attack of meningitis. With the appearance of discharge (which in the catarrhal form of inflammation will be sero-mucous, and in the suppurative, purulent in character) with free drainage, the



the pain and systemic disturbances usually cease, but involvement of the mastoid cells may occur before the appearance of discharge, or at a subsequent period, the pain and severity of all the general symptoms being greatly increased.

The prognosis in either form is variable, and will depend largely upon the treatment. Without perforation, in the catarrhal form, resolution may not be complete, a certain amount of fluid remaining to cause impaired hearing; or upon disappearance of the fluid the drum membrane may fail to return to normal conditions, a chronic inflammation remaining to gradually destroy the hearing.

In the purulent variety of acute otitis media, perforation with evacuation of pus, becomes a necessity, and more or less destruction of tissue is unavoidable. If the disease involves the cranial contents, either directly or after the development of mastoid inflammation, both of which are possible and not infrequently occur, death may be the result.

The importance of early and proper treatment of acute inflammation of the middle ear can scarcely be over estimated. Vigorous measures must be adopted in the very earliest stages if the trouble is to be aborted, or to prevent destructive changes or serious complications *if not aborted*.

Under no circumstances would I advise the administration of an opiate to control pain prior to the establishment of drainage, and after establishment of drainage an opiate is usually entirely unnecessary. With the administration of an opiate the symptoms are masked by the blunting of the patient's susceptibility to pain, and thus serious advancement of the disease may be undiscovered.

With the appearance of pain, accompanied by congestion of the drum membrane, depletion becomes of prime importance as treatment, accomplished by the administration of a saline cathartic, and local blood-letting by means of natural or artificial leeches applied near the orifice of the external auditory canal immediately in front of and close to the tragus. In this

connection the employment of heat, applied directly to the parts by means of small hot salt bags placed in the canal, or the douche used in a similar manner, will aid materially in controlling the inflammation and pain.

If local depletion does not produce immediate relief paracentesis should be performed without further delay, and this whether perceptible bulging of the drum membrane is present or not. The incision should be made above the short process of the malleus and posterior to it, and be of sufficient length to insure free drainage. If bulging of the drum membrane be present upon first examination, immediate paracentesis is advisable.

Upon the appearance of discharge, either following spontaneous perforation of the drum membrane or surgical interference, the canal must be kept as free as possible by frequent irrigation with a warm antiseptic solution, thus preventing localized infection and extension of trouble through retarded drainage, and also aiding in the relief pain. Treatment must now be uninterrupted until the discharge ceases, and the perforation in the drum membrane heals and assumes its normal position and appearance.

Astringent applications are seldom if ever demanded in the treatment of acute discharges from the ear, and their use will oftentimes aggravate the trouble rather than improve it. If, under careful and thorough cleansing the discharge does not disappear in the course of two to four weeks, it is sometimes advisable and appropriate to use a saturated solution of boracic acid in alcohol, which has a tendency to check the discharge through its astringent character. This preparation also aids in suppressing granulation tissue, which often presents itself in the course of suppuration of the middle ear.

Politzer inflation is added to the treatment for the double purpose of aiding in the cleansing process (the air forcing the discharges of the middle ear through the perforation), and as-



sisting in preventing depression of the membrane and adhesion after the perforation is closed.

If at any time in the course of an acute inflammation of the middle ear redness and tenderness over the mastoid region be detected, indicating an involvement of the mastoid cells, measures must be adopted to abort the complication. Iced applications applied over the mastoid process by means of the aural ice bag or other suitable arrangement, continuously retained, will usually suffice to abort the trouble providing free drainage through the auditory canal has already been secured, or can be secured by operative interference. If marked swelling and tenderness of the mastoid region is present, accompanied by high fever and evidences of cerebral congestion, either before measures have been adopted to abort such a complication, or has developed in spite of abortive treatment, an opening of the mastoid cells by operation becomes imperative if the life of the patient is to be saved.

In conclusion I would say:

1. Consider "ear ache" as a warning note of danger to the patient, both as respects function of hearing and life, and carefully inspect the visible parts implicated in the inflammation.
2. Avoid opiates which oftentimes but mask the symptoms, and if within the first few hours no relief from pain results from hot applications and local depletion, perform paracentesis whether bulging of the membrane is present or not.
3. Incise the drum membrane at once if bulging is detected indicating early perforation, as it is important to if possible control the character, extent and location of the opening in the drum membrane in order to limit destructive changes.
4. With the appearance of discharge, begin the process of cleansing, adopting nothing more than warm detergent and non-irritating antiseptic solutions, and using them sufficiently often to keep the parts free from collections of mucus or pus.
5. Keep the naso-pharynx free of discharges by deter-

gent sprays, and cautiously use Politzer inflation to assist in removing discharges from the middle ear, as well as to aid in preventing depression of the healing drum membrane and possible adhesion.

6. To secure the best possible results which are always desirable, and due both patient and physician, persistently follow treatment until all discharges have ceased and the perforation thoroughly closed.

---

## SOCIETY PROCEEDINGS.

---

### UPPER MAUMEE VALLEY MEDICAL ASSOCIATION.

We publish below the announcement regarding the coming semi-annual session of the Upper Maumee Valley Medical Association and would especially urge that the progressive physicians in the territory covered by the society make every effort to attend the Warsaw meeting. We are authoritatively informed that an excellent program will be presented, the titles of a quite large number of papers being now in the hands of the secretary. The meeting place is all that could be desired, with its beautiful lake, substantial town, summer resort attractions, and hospitable medical profession. Those attending the meeting are assured of a profitable and pleasant day, and it is to be hoped that the attendance will be unusually large. The secretary's announcement is as follows:

FORT WAYNE, IND., July 20, 1896.

DEAR DOCTOR:

The next meeting of the Upper Maumee Valley Medical Association, which was organized under such auspicious circumstances at the meeting in Fort Wayne last February, will be held in Warsaw, Ind., September 8th, 1896.

Those who were fortunate enough to be present at the organization, at which there were about seventy physicians in attendance, will need no urging to bring them to the next meeting if circumstances permit. This Society ought to become, and if it continues to receive the hearty support given at the first meeting, will become the representative organization of the medical profession for this large territory.

Titles of papers designed for the program should be in my hands not later than August 24th on which date the program will go to press and be mailed as promptly thereafter as possible.

G. W. McCASKEY, Secretary,

107 West Main Street,

Fort Wayne, Ind.



# Fort Wayne Medical Magazine.

---

VOL. IV.

AUGUST.

NO. 8.

---

## EDITORIAL STAFF:

ALBERT E. BULSON, JR., B. S., M. D., MANAGING EDITOR,  
19, 20, 21 Pixley-Long Building.

MILES F. PORTER, A. M., M. D.,  
47 West Wayne Street.

GEORGE W. MCCASKEY, A. M., M. D.,  
107 West Main Street.

BUDD VAN SWERINGEN, M. D.,  
26 West Wayne Street.

FRED J. HODGES, B. S., M. D.  
Anderson, Indiana.

---

A Journal of Medicine and Surgery, Published between the 1st and 10th of every month. Price, \$1.00 per Year, Postage Paid.

This Journal is devoted entirely to the advancement of medical science. Essays, Clinical Reports and Personal Communications of a medical nature are solicited. All Contributors are responsible for their own utterances.

All Communications, Subscriptions and Books for Review should be addressed to the Editor of THE FORT WAYNE MEDICAL MAGAZINE, 21 Pixley-Long Block, Fort Wayne, Indiana.

---

## EDITORIALS.

---

### THE ANTI-VACCINATIONISTS BETE-NOIR.

Gloucester, England, is now suffering from the effects of an epidemic of Small-pox which was brought about by the efforts of the anti-vaccinationists. These cranks have for years condemned Jenner's discovery and refused to submit themselves to it. Their persistent attacks on it also had a deterrent effect upon others, and when the ancient scourge paid the city of Gloucester a visit, it had things pretty much its own way. Fortunately, those who suffered most were those who deserved most to suffer. The "fools were consumed by their own folly" and only a very few escaped. This epidemic

and its results should forever put a quietus upon such people, and demonstrates the necessity for legal enactments making the protection of the community by the vaccination of every resident, compulsory. Had this been done in Gloucester, the wanton sacrifice of human life would have been averted. S.

---

**DR. L. P. DRAYER SUED.**

Some months ago Dr. L. Park Drayer, in the pursuit of his duties as bacteriologist for the city of Fort Wayne, took occasion to inject the precipitate, (obtained by centrifugal force) from a sample of the milk supplied by the Hartzell Dairy to its customers, into the bodies of some healthy rabbits and guiney pigs. The animals promptly perished and the post mortem examination of their bodies showed that all had developed tuberculous lesions in some tissue or other.

The county health officer happened to be present at the injection of one animal and also at death and post mortem examination, and, by virtue of his authority, ordered the State Veterinary Board to inspect the herd from which the milk was taken. This inspection revealed a most lamentable state of affairs, five cows being found sufficiently far advanced with tuberculous disease of the lungs to allow of its detection by physical examination alone and they were therefore condemned by the board. Had the tuberculin test been used, it is thought a much larger number of cattle would have been found infected.

The reason the tuberculin test was not used was on account of the limited amount of the appropriation that was made by the legislature to defray the expenses of this very important adjunct to the Board of Health. For the want of money it appears that people must go on feeding defenceless babes and young children on milk swarming with the bacilli of tuberculosis, the greatest scourge of the human family. Were the milk invariably sterilized it might not be so bad, but it is generally fed uncooked and the only reason more people do not die from this infection must lie in the inherent resisting powers of the children.



We now behold the sublime (?) spectacle of a man who was dispensing this kind of slow poison, suing to recover \$20,000 for being obliged to kill five of his poison producers and the loss of business sustained by reason of the publication of the affair. Truly this is, to all practical intents and purposes, "a land of liberty."

What the people of this state need is an absolute guarantee against any kind of infection in their food, and at the top of this mountain of need stands the importance of the purity of milk.

The Legislature should provide enough money to enable this object to be attained, and it is the duty of every member of the medical profession to see to it that the members of the Legislature are informed of the importance of such legislation.

---

#### CONTAMINATION OF THE CITY WATER SUPPLY.

The importance of pure water supply for cities has long been recognized and advocated by boards of health and others in a position to know the dangers attending the use of impure water. During the past few years the people of the city of Fort Wayne have more than once questioned the purity of the water furnished for drinking purposes, but since the opening of several new artesian wells, which have been drilled during the past two seasons, we have been informed by the city chemist that the water supply was above reproach. That the health of our city has been very much improved by the pure water supply no one can dispute, and in order to maintain this most desirable feature it is absolutely necessary that the water supply of the future be as pure as that of the past.

We are now told that the city has an ample supply of pure water for all domestic purposes, but that in case of fire the supply is inadequate and that therefore additional resources must be added. To meet the demands, the Water Works Board has seen fit to tap the old feeder canal and connect the same with the city water works system, and we are told that in case of fire this supply is frequently drawn upon. We have no criticism to offer

regarding the propriety of obtaining a sufficient water supply to meet all necessary requirements in controlling fire, but we do condemn the practice of turning the filthy, disease breeding water of the old feeder canal into the pipes which furnish drinking water to the thousands of people of Fort Wayne. Admitting that the water supply is inefficient in case of fire, it becomes the duty of the board to make suitable provision for all emergencies without contaminating the drinking water which the people have to depend upon.

An argument advanced in favor of the feeder canal supply as preferable to that obtained by drilling new wells is that of expense, but to us it looks like a piece of poor economy to run the risk of sacrificing the health and lives of many people for the sake of saving a few dollars for the people who, were the facts known, would gladly contribute ten or one hundred times the amount saved to be sure of a pure water supply, and one not a menace to the public good health. We believe that the Water Works Board should consult with the Board of Health regarding the water supply of the city, and we hope that the Board of Health will take sufficient interest in the matter to protest against the recent action of the Water Works Board in contaminating the water supply by connecting the old feeder canal with the water works system.

B.

---

#### ASTHMA.

A combination of Dr. Pepper's is:

℞ Ammon. brom.....scr. viij  
 Ammon. chlor.....dr. iss  
 Tinct. lobeliae.....f. dr. iij  
 Spir. aeth. comp.....f. oz. j  
 Syr. acaciae.....ad. f. ox. iv

M. Sig.—Dessertspoonful in water every hour or two during paroxysms.—Prescription.

---

*“Stories of a Country Doctor” will be given with every new yearly subscription to the Magazine.*



## MEDICAL REVIEWS.

---

### DEPARTMENT OF MEDICINE, THERAPEUTICS, NERVOUS AND MENTAL DISEASES.

---

IN CHARGE OF G. W. McCASKEY, A. M., M. D.

Professor of Nervous and Mental Diseases and Clinical Medicine in the Fort Wayne College of Medicine.

**DIPHTHERITIC PARALYSIS.**—Dr. E. W. Goodel, of London, (*Brain Alienist and Neurologist*) has made an extensive study of the paralysis occurring among 1,071 cases of diphtheria during 1892 and 1893. Three hundred and sixty-two cases died, a mortality of about one-third. Of the 709 surviving patients 125 became paralyzed (or 17 per cent.) seventeen of which proved fatal. The ages of the patients ranged from one to forty-two years; none were under one year of age. Most of them were under ten years of age. The writer compares his figures with those quoted by Gowers, who states that “adults furnish a large proportion of paralysis after diphtheria.” In the patients under the writer’s care the largest percentage of paralysis (22 per cent.) was furnished by children under ten years of age.

The seventh is the earliest day upon which symptoms of paralysis have been observed and the forty-ninth is the latest. Usually the membrane or exudation clears off completely before the paralytic symptoms set in, but not always.

In a large proportion of cases (66.4 per cent.) the palate alone was the first part to be affected, while either alone or in combination with some other muscles it was the first part to suffer in 74.7 per cent. of all cases. In sixty-six of the 125 cases, that is, in 52.8 per cent., the paralysis was limited in extent. In sixteen cases it was generalized. In none of the cases was facial paralysis, paralysis of the tongue, or of the sphincter of the bladder or rectum observed.

The writer thinks that sensory disturbances are more common than it is supposed. Those most frequently met with are the sensations described as “pins and needles” in the fingers and toes, with numbness in the

same parts. The duration of paralysis varied between one and fifteen weeks, in none of the cases was any permanent paralysis left behind.

---

**KOLA DELUSION.**—A very timely warning is given in *Medecin Mordern* regarding the popular use of extracts of Kola. This article is entitled "The Kola Delusion," and in its decision the fact is pointed out that increased capacity for work obtained through its employment is temporary and unreliable, like that gained from alcohol and cocaine. In truth, the effect produced by every member of this group of drugs, which the author very aptly calls "nerve foolers," in that they abolish the natural sense of weariness and fatigue, is due probably to an obtunding effect upon the nerve centers. That caffeine is closely allied to creatin and other tissue poisons which invariably give rise to a loss of energy when they have accumulated in the body, is a further suggestive observation.

---

**NEPHRITIS AND ANURIA FROM CONTHARIDAL BLISTERS.**—At a recent meeting of the Therapeutic Society of Paris (*La Medecin Mordern*, March 18, 1896), Huchard reported a case of albuminuria and subacute uremia following the employment of a blister, six by eight centimeters, over the epigastrium of an anemic girl of eighteen years, who had entered the hospital complaining of indigestion with gastric pain and constipation. The blister was allowed to remain for twelve hours and shortly after its removal nausea and vomiting, tachycardia, convulsive movements, and almost complete anuria with general anasarca, indicated the supervention of acute contharidal nephritis. Recovery ensued in ten days under appropriate treatment. Huchard cited a case reported by Germain See, and one reported by Potaine, in which nephritis followed blistering; and referred to another case with a fatal result. As his final conclusion he stated: "The principal indication of the blister is never to use it. The blister has had its day."

---

**THE TREATMENT OF CHOREA.**—Dr. E. De Renzi has made use of eserine, antipyrine, salol and ether spray along the vertebral column, but he has confidence in only three remedies:

1. Absolute rest, avoiding any external excitation whatever, and placing the patient in a dark room.
2. The ascending electric current along the spinal cord, the best results with gentle current, progressively increased.
3. Arsenic in large doses, commencing with twenty drops of Fowler's solution each day for children, and double this amount for adults. When the chorea ceases the medicine should be continued, for the disease



returns readily. The nutrition of the patient must be maintained, and good food and gymnastics are useful.—*Gazetta degli Ospedale et delle Cliniche*.

---

**NERVOUS SEQUELAE OF GRIPPE.**—Biet recounts the observed consequences of grippe upon the nervous system in a formidable list, which includes for the brain, meningitis, meningo-encephalitis, cerebral abscesses and chronic diffuse encephalitis; for the peripheral nerves, neuralgia, and neuritis, with various trophic troubles, such as atrophies, herpes, etc. In another chapter he considers the effects upon the cord and its members, meningitis, myelitis and several forms of sclérosis. When a nervous disorder of the cord, such as tabes, is already present, he finds there is an increase of the pains and an aggravation of the motor difficulty. The chronic forms of myelitis are variously affected; sometimes not at all; sometimes a new acuteness of action appears, with increased paralysis. He records the appearance of neurasthenia, hysteria, epilipsy, chorea, and exophthalmic goitre in patients who had previously shown no trace of them, and shows that it is possible for grippe to provoke the deliriums of feebleness, such as melancholia and hypochondriasis, of delirium with hallucinations, of dementia, and of various mental disturbances, such as delirium of persecution, etc.

---

## DEPARTMENT OF SURGERY AND GYNECOLOGY.

---

IN CHARGE OF MILES F. PORTER, A. M., M. D.

Prof. of Surgery and Gynecology in the Fort Wayne College of Medicine.

ASSISTED BY

FRED J. HODGES, B. S., M. D.

Prof. of Genito-Urinary Surgery in the Fort Wayne College of Medicine.

### TREATMENT OF ASEPTIC WOUNDS WITHOUT BANDAGES OR DRESSINGS.—

In the *British Medical Journal* of February 1, 1896, is a paper by Mr. Mackenzie with the above title. It is summarized in a recent issue of the *Annals of Surgery* as follows:

The requisities to promote healing of wounds are:

1. To maintain the parts at rest and the raw surfaces that are intended to unite together in close and constant apposition.
2. To prevent contamination of the wound from external sources.
3. To get rid of excessive discharges.

Mackenzie claims that the dressings and bandages usually employed to obtain these ends are expensive, cumbersome, and often insufficient. He closes all wounds, when the incision is made through the skin, by rows of buried sutures of fine catgut and a continuous catgut suture of the skin. A carbolized compress is kept in position a few minutes to absorb any oozing. The surface is then lightly sponged with alcohol and painted with a layer of celloidin (celloidin one part, absolute alcohol and sulphuric ether each four parts). No other dressing is applied. If the wound has been carefully sutured and is aseptic, there is no discharge. If anything like a stitch abscess occurs, the celloidin can be pricked at the affected point and the drop of pus allowed to escape without disturbing the rest of the suture line. In this way the writer has treated cases of hernia, excision of the breast, amputations of the limbs—in fact any wound which does not involve mucous membrane. The method especially commends itself in wounds of the face, many of which are perfectly held by the celloidin and require no suture.—*Railway Surgeon.*

---

**SERUM-THERAPY IN CANCER.**—DR. JONA, after a brief survey of the recent literature of the subject, critically analyzed the various attempts to utilize sero-therapy either by inoculating the patient with the toxin of erysipelas or by injecting the blood-serum of animals prophylactically inoculated with liquid drawn from carcinomatous tumors. This latter method, according to the instructions laid down by Dr. Richet and Dr. Hericourt, was that adopted by Dr. Jona, who had under his care six persons suffering from that special form of malignant disease. One of these patients—a woman who for six or seven months had labored under well-defined cancer—was manifestly relieved by the treatment; another—a man afflicted with cancer of the stomach and unable to digest or even tolerate food passed down the œsophagus—had no sooner begun the sero-therapy than he recovered the power of alimentation by the *primæ viæ*, digesting with perceptibly favorable results as many as twelve eggs daily. Two other patients—one suffering from cancer of the tongue and the other from cancer of the rectum—showed distinct improvements after the first injections; but the improvement was not maintained. The fifth and sixth cases, one of cancer of the tongue and the other of the inferior maxilla, remained without response to the treatment.—*Lancet*, May 9, 1896.—*Universal Medical Magazine.*

---

**MASSAGE IN TREATMENT OF POST-OPERATIVE INTESTINAL OBSTRUCTION.**

—A. Ernest Gallant, M. D., says that by early massage we can give immediate relief, independent of the use of laxatives or enemata, and that



in these cases the bowels move more readily and with less stimulation than when massage is delayed. Laxatives tend to increase gas formation and intensify peristalsis, thus adding to the pain and discomfort. Enemata can not reach above the ileo-cecal valve, and cause colitis, rectal tenesmus and proctitis, followed by exhaustive diarrhea. Intestinal cramps from gas or too active cathartics may be relieved by repeating the rubbing at frequent intervals. Infection of the line of wound union or damage to structures involved in the operation by massage thirty hours after operation is not likely to occur.—*Mathews Med. Quarterly, July.*

---

**A BULLET IN THE BRAIN LOCATED BY THE X-RAYS.**—M. M. Brisand and Loude have succeeded in locating a bullet in the brain of a man. This, according to the *Medical News*, is the first time a bullet has been pictured in the the living human brain.

---

**RADIAL PARALYSIS AS AN ACCIDENT CONSECUTIVE TO ANESTHESIA.**—M. Anglesco (*La Medicine Moderne*) reports three cases of radial paralysis due to compression of the radial nerve against the operating table during anesthesia. The duration of the paralysis was from two to three months. Recovery followed in all cases under appropriate treatment, the muscular atrophy persisting longer than the paralysis.

---

**SUBSTITUTION OF SALT SOLUTION FOR THE EFFUSION IN PLEURISY.**—Lewschew recommends aspiration of the effusion in pleurisy with coincident replacement by injection of a physiologic salt solution. The salt solution prevents collapse of the organs into the empty pleural cavity, while the solution is gradually absorbed and has a general tonic and a local antiseptic effect. He has had fifty-two cases in which this treatment was used, all of which recovered promptly.

---

## DEPARTMENT OF OBSTETRICS AND PAEDIATRICS.

---

IN CHARGE OF B. VAN SWERINGEN, M. D.

Professor of Theory and Practice of Medicine in the Fort Wayne College  
of Medicine.

**RUPTURE OF THE UTERUS—AN UNUSUAL CASE.**—Dr. Sherwood-Dunn reports a case, in the *Pacific Medical Monthly*, which he saw operated on in Paris by Professor Richelot, in which no history of pregnancy was ob-

tained but in which examination revealed the presence of an abdominal tumor and the diagnosis lay between a fibroid of the uterus and a cyst of the ovary. The tumor was found to be intimately adherent to the peritoneum and on separating the adhesions and following it down it was found to be protruded from a rupture of the uterus and to be a placenta weighing one to one and one-half pounds. She died from sepsis on the second day.

---

**WHOOPING COUGH.**—Dr. Fisher concludes from the results he has obtained in the quinine treatment of pertussis that it is the best remedy for whooping cough at present known, for the following reasons. (1) It diminishes the number of attacks essential in five days at the latest. (2) It reduces even the most vehement whooping-cough to a mild bronchitis in from twelve to fifteen days. (3) It influences most favorably a possibly existing broncho-pneumonia. (4) It often stimulates the appetite.

---

**ANTITOXIN IN THE TREATMENT OF DIPHTHERIA IN PRIVATE PRACTICE.**—The committee appointed by the Am. Pediatric Society to make a collective investigation on the above subject end their report with the following summary:

1. The report includes returns from 615 physicians. Of this number more than 600 have pronounced themselves as strongly in favor of the serum treatment, the great majority being enthusiastic in its advocacy.

2. The cases included have been drawn from localities widely separated from each other, so that any peculiarity in local conditions to which might be ascribed the favorable reports must be excluded.

3. The report includes the record of every case returned except those in which the evidence of diphtheria was clearly questionable. It will be noted that doubtful cases which recovered have been excluded, while doubtful cases which were fatal have been included.

4. No new cases of sudden death immediately after injection have been reported.

5. The number of cases injected reasonably early in which the serum appeared not to influence the progress of the disease was but nineteen, these being made up of nine cases of somewhat doubtful diagnosis; four cases of diphtheria complicating measles, and three malignant cases in which the progress was so rapid that the cases have passed beyond any reasonable prospect of recovery before the serum was used. In two of these the serum was of uncertain strength and of double value.

6. The number of cases in which the patients appeared to have been made worse by serum were three, and among these three is only one new case in which the result may fairly be attributed to the injection.

7. The general mortality in the 5,794 cases reported was 12.3 per



cent.; excluding the cases of moribund at the time of injection or dying within twenty-four hours, it was 8.8 per cent.

8. The most striking improvement was seen in the cases injected during the first three days. Of 4,120 such cases the mortality was 7.3 per cent.; excluding cases of moribund at the time of injection or dying within twenty-four hours, it was 4.8 per cent.

9. The mortality of 1,448 cases injected on or after the fourth day was 27 per cent.

10. The most convincing argument, and to the minds of the committee an absolutely unanswerable one, in favor of serum therapy is found in the results obtained in the 1,256 laryngeal cases (membranous croup). In one-half of these recovery took place without operation, in a large proportion of which the symptoms of stenosis were severe. Of the 533 cases in which intubation was performed the mortality was 25.9 per cent., or less than half as great as has ever been reported by any other method of treatment.

11. The proportion of cases of broncho-pneumonia—5.9 per cent.—is very small and in striking contrast to results published from hospital sources.

12. As against the two or three instances in which the serum is believed to have acted unfavorably upon the heart might be cited a large number in which there was a distinct improvement in the heart's action after the serum was injected.

13. There is very little, if any, evidence to show that nephritis was caused in any case by the injection of the serum. The number of cases of genuine nephritis is remarkably small, the deaths from that source numbering but fifteen.

14. The effect of the serum on the nervous system is less marked than upon any other part of the body; paralytic sequelæ being recorded in 9.7 per cent. of the cases, the reports going to show that the protection afforded by the serum is not great unless injections are made very early.

---

## DEPARTMENT OF OPHTHALMOLOGY, OTOTOLOGY, LARYNGOLOGY AND RHINOLOGY.

IN CHARGE OF ALBERT E. BULSON, JR., B. S., M. D.

Oculist and Aurist for St. Vincent's Orphan Asylum, and the Allen County Orphan Asylum. Professor of Laryngology and Rhinology in the Fort Wayne College of Medicine, Fort Wayne Indiana.

**SIMPLE TREATMENT OF CHRONIC CATARRHAL DEAFNESS.**—Dr. B. Alex. Randall says, in the majority of cases, decided improvement will follow

rational treatment, and though this may leave the patient possessed of only a remnant of hearing, it may be many times greater than before, and a most acceptable benefit to him. For the attainment of this result, no elaborate method or apparatus are needed. "The naso-pharynx, from which the affection proceeded, must first be gotten into better condition. Only a small proportion of cases will present deformities or hypertrophies, which compell operative intervention to free the air passages. Vigorous spraying with an alkalin fluid in the hand atomizer, will generally suffice to cleanse the pharynx vault, but must be supplemented by mopping the region of the tube-mouths, and any parts to which the mucus clings, with the bent applicator, generally charged with glycerole of tannin or of iodine. An oil spray can usually advantageously follow, that of menthol-camphor, 1 to 2 per cent., for most cases. This gives a protecting coating to surfaces denuded of their usual covering of mucus, about to be exposed to the outer air, while it medicates the cavities with a stimulating, disinfecting vapor, which will saturate every breath of air passing into the nose for a considerable while. It lubricates the nose, too, for the easy passage of the catheter." A good catheter is a very important factor. One of 3 millimeters external, and 2 millimeters internal diameter, 13 centimeters long, made of silver to secure pliability, serves in all but exceptional cases. The auscultation tube is very necessary. Only by its aid or the examination of the drum-head later can we determine that the tympanum is actually reached by the inflations. With the catheter properly placed it is easy to substitute the atomizer with its oily spray for the air bag and spray the fluid freely up the tube. Pure fluid petrolatum is recommended for this purpose, but probably more can be accomplished by medicating it, usually with from 1 to 2 per cent. menthol-camphor. Careful massage with the pneumatic speculum of Siegel or similar apparatus should complete the procedure. Without denouncing the "new" and "radical" procedures which are constantly being thrust into notice, better results can generally be secured by avoiding these innovations.—*University Med. Mag., July.*

---

**KERATITIS DENDRITICA.**—Dr. Drank Allport says, that from experience with the last cases under his care, the application of absolute alcohol affords the most certain and rapid cure. He soaks a bit of lint in alcohol and scrubs the surface of the cornea with it. This may require to be repeated two or three times.—*Am. Jour. of Ophthalmology, July.*

---

**FORMIC ALDEHYDE OR FORMALIN IN OPHTHALMIC PRACTICE**—Dr. Aloin A. Hubbell (in the *Buffalo Medical Journal*) says: "The results which I



have obtained with this substance in the treatment of some diseases of the eye have been so notable that I am induced to publish this short article upon its use. The preparation I am using is Shering's formalin (which consists of 40 per cent. formic aldehyde in water, forming a stable solution, if kept in a well-stoppered bottle). One part of formalin in 2,000 or 5,000 of water is the strength which I find most serviceable. When I tried it first in hypopyon ulcers it was dropped into the affected eye three or four times daily and it seemed to be of very little use, but on applying it freely every hour I have never seen anything act so effectually in those cases."

RHEUMATIC IRITIS.—"Rheumatic iritis", says Dr. Crittenden Joyes, "is more serous than plastic, hence we are not so apt to have adhesions as in other forms. The objective symptoms are, pink circum-corneal injection, hazy, aqueous and change in color of iris. The subjective symptoms are impairment of vision, photophobia and pain in the orbital and malar regions, forehead and top of head. The pupil is frequently dilated, but is sluggish in action. The pain is sometimes greater than in other forms of iritis. The prognosis as to vision is better than in other forms; but the duration is apt to be long. Treatment consists of hot water and atropin, together with salol, salicylates, iodid of potash or some other remedy for the rheumatic diathesis."—*American Practitioner and News, July.*

THE CORYZA OF THE NEWBORN.—The *Independence medicale* gives the following formulae:

- R. Menthol.....1 part;
- Boric acid.....100 parts;
- Vaseline.....1,000 "

M. S: Insert a portion as big as a pea into the nostril three times a day. At the end of three days, insufflate a pinch of the following powder into each nostril:

- R Talc.....75 grains;
- Boric acid.....75 "
- Salol.....38 "

M.

# BOOK REVIEWS.

SYSTEM OF SURGERY.—DENNIS. The fourth and last volume of this work was received to late for review in this nnmber of the magazine but will be reviewed in the next. The completion of a work of such magnitude as this in so short a time (it is but a little over a year since the first volume made its appearance) speaks volumes for the industry of those engaged in its preparation. P.

# FORT WAYNE MEDICAL MAGAZINE.

---

VOL. IV.

SEPTEMBER, 1896.

NO. 9.

---

## ORIGINAL ARTICLES.

No paper published or to be published elsewhere as original will be accepted in this department.

---

### *THE MANAGEMENT OF INTRA-LIGAMENTOUS GROWTHS.*

BY ORANGE G. PFAFF, M. D.,

Adjunct Professor of Obstetrics and Lecturer on Clinical Gynecology, Medical  
College of Indiana.

As a basis for a few remarks on the subject, I will report four cases which illustrate the difficulties involved in the diagnosis and treatment of Intra-Ligamentous Neoplasms.

Case I. Mrs. S.—age 34 years, married ten years and the mother of four children; with an uninteresting history of fair health until last October, when she failed to menstruate at the usual time, and three or four weeks later began to suffer with well defined pelvic pains, which soon became quite severe and were present during the greater portion of the time thereafter. At the end of three months she noticed a hard lump in the right side of the pelvis which was sensitive to pressure. About this time also the pains become quite pronounced in the back, and

Read at the meeting of the Delaware District Medical Society, Dunkirk, Ind., June 16, 1896.



the uterus was apparently forced downward toward the pelvic outlet, and eventually the cervix protruded through the vulvular orifice. A fullness was now noticed in the left side, together with some bulging above the pubic arch.

She was referred to me on March 1st of this year for diagnosis and treatment. The appearance of the abdomen, the peculiar circumstances attending the comparatively rapid development and especially the cessation of menstruation, suggested the possibility of a pregnancy involving a bicornate uterus. Each side was filled up to a level with the anterior superior iliac spine, and there was a well-defined sulcus occupying a central position and running down to a point of apparent union just above the center of the pubic arch. The cervix protruded through the vulva, and it could, with some difficulty, be replaced, only to descend again when support was withdrawn. In replacing the uterus the mass above was slightly displaced upward, indicating a close relationship, if not organic connection, between the body of the uterus and the overlying mass. However, there had been no characteristic nausea, no foetal heart could be heard, no placental souffle; no enlargement of the breasts. The constant pain and tenderness were certainly not characteristic of pregnancy, and the procedentia was negative evidence.

To complete the examination chloroform was administered and then it was easily shown that each mass was distinctly moveable, independent of the other, showing conclusively that more than one neoplasm was to be encountered.

On March 28th, in the surgical clinic at St. Vincent's Hospital, in the presence of the class, I opened the abdomen and came directly upon a mass which filled up the right side, encroaching upon the median line. It was a semi-solid tumor involving the right ovary. Strong adhesions were encountered which attached the omentum and also the gut at various points.

Splitting the capsule, I enucleated the mass, tied off the adhesions and quilted the broad ligament, controlling the hemorrhage in the mean time with clamp forceps. Considerable blood

was lost during these manipulations, as the sack was very vascular and many large vessels were broken in the enucleation.

On the left side practically the same maneuvers were adopted in the removal of the second tumor, and then it was seen that a third mass occupied the pelvic cavity and was the cause of the inveterate procedentia. This tumor grew from the left broad ligament, and in removing it I found it necessary to quilt all that portion of the left ligament which had not been involved in removal of the second tumor.

The recovery of the patient was rapid and uneventful. The tumors, each weighing about five pounds, were found to be spindle celled sarcomata, a rare form of neoplasm according to the calculations based upon Schrader's Ovariectomies, Cohn estimating their frequency as about one per cent.

Case 2. Mrs. W.—age 29 years, married five years; never pregnant. About a year and a half prior to the time when I first saw her she began to suffer from occasional severe uterine hemorrhages, recurring at irregular intervals. There was also considerable pain referred to the left side of the pelvis.

An examination showed a hard mass filling up the pelvic cavity, chiefly in the left side, and apparently intimately related to the uterus. There was very slight motion of the uterus independent of the mass, but whether this indicated a pediculated tumor of the uterus, or that the neoplasm was entirely independent of that organ, I could not determine.

Laparotomy was made and a solid mass was enucleated from the left broad ligament. There was no connection whatever with the uterus, and no pedicle to tie off, but simply shell-ing the mass out of its bed and stitching the apposing surfaces of the broad ligament together with catgut. The mass weighed five and one-half pounds, and proved to be a fibroma originating in the connective tissue of the broad ligament. It crowded so firmly against the uterus that it was impossible before the operation to make out positively its true relation to that and the other pelvic organs.



Case 3. Miss S.—age 17 years; supposed to have suffered an attack of la grippe, followed by very severe pelvic peritonitis resulting in abscess. She suffered great pain, had frequent chills and a constantly high temperature, and a rapid weak pulse.

Dr. Allen, of West Newton, requested me to see the patient, and to come prepared to operate if necessary.

The abdomen was much distended, and exquisitely sensitive. Fluctuation could be distinctly obtained. The temperature was  $103.5^{\circ}$ , pulse 135.

Within an hour of my first examination we gave her chloroform and opened the abdomen. My incision lead me directly into the cavity of a cyst of the broad ligament, from which I evacuated nearly a gallon of foul smelling, thickish liquid, evidently the result of suppuration actively going on within the cyst.

Thoroughly irrigating and scraping the walls of the cavity I closed with drainage, and had the satisfaction of seeing the patient recover, although drainage of the cavity was continued for more than three months, when the discharge ceased, and apparently the cavity became totally obliterated.

Case 4. Mrs. C.—age 47 years. Suffered from a large perfectly symmetrical cystic tumor which completely filled up the pelvic cavity and reached above the umbilicus.

On opening the abdomen and making exploration with my hand I encountered what seemed to be exceedingly dense and very extensive adhesions which promised a very complicated operation. Further exploration revealed no pedicle,—but, a very broad base of apparent attachment, and a peculiarly intimate relation to the uterus indicated that the tumor originated within the folds of the broad ligament. Enucleation was at once resorted to, and with comparatively little difficulty the mass was removed. No drainage was employed, and the recovery was prompt.

These few cases, not related in any other way than that of anatomical location, are chosen and presented as an object lesson. In the second case reported, that of the fibroma of the

left broad ligament, the diagnosis prior to the operation was fibroid tumor of the uterus. Had the hasty attempt been made to perform a hysterectomy a very bad botch would have been the result, while by taking sufficient time to correct my diagnosis the operation was easily and successfully performed.

Again, in the large multilocular cyst, had I shut my eyes to a revelation of the unexpected I would have probably done irreparable damage in attempting to free the mass from apparent adhesions, and should have failed altogether in the effort at removal.

In the case of the young girl with suppurating cyst, had it not occurred to me that the cyst was within the folds of the broad ligament, I should certainly, after evacuation, have attempted the removal of the sac, considering it to be pediculated, and undoubtedly the mistake would have rendered general peritoneal infection almost certain. As it was, the general cavity was not entered.

I desire to call attention to the vital importance of the fact that pelvic tumors, solid or cystic, benign or malignant, are frequently situated within the folds of the broad ligament, and to the vital importance of the prompt recognition of their origin since they reveal at the time of operation characteristics more or less in conflict with the original diagnosis.

An earnest, ambitious man, equipped with a good knowledge of anatomy and pathology, will, from a mass of evidence, crystallize a well-defined diagnosis of *probable* conditions. If he is wise and not too inexperienced, he will seldom stake his professional reputation on a positive statement of intra-abdominal conditions before he has ocular proof of the accuracy of his judgment. The best abdominal surgery of the day is that which follows in the wake of the exploratory incision, and he who always finds that for which he operates is an unsafe man.

This statement is called for in view of the fact that a celebrated eastern surgeon recently proclaimed that "The time for guessing as to pelvic or abdominal conditions has gone by." Such teaching as this is what makes a certain class of light-head-



ed men foolhardy, and recalls that "Fools rush in where angels fear to tread." They make positive diagnosis of incurable ovarian disease in many a case of astigmatism or in anal fissure, and then point with pride to the long list of mutilated dupes who have actually survived their surgical crimes.

A wise man will be more comprehensive in his grasp of cases, and having determined to operate in any given case, will experience no sense of humiliation when the operation reveals the necessity of a revised diagnosis.

Growths of the broad ligament, that is neoplasms which are surrounded by its folds, have a surgery of their own, separate and distinct in principle from that which obtains in general abdominal surgery. Enucleation expresses in one word the underlying idea, and there is no other method of successfully combating these foes; and the chief object of this paper is to emphasize this fact and to call attention to the great frequency with which the abdominal surgeon must expect to encounter this class of neoplasms, to the end that he may be alert to take advantage of a comparatively easy way out of some of his troubles.

I have not attempted to take up the matter of diagnosis, although very much might be written on that subject, and I shall feel very grateful to the eminent gentlemen present if they will favor us with their valuable views on this branch of the subject especially.

---

### *THE DIAGNOSTIC SIGNIFICANCE OF SUBJECTIVE HEAD AND EAR SOUNDS.*

By GEORGE W. McCASKEY, A. M., M. D.

Professor of Nervous and Mental Diseases and Clinical Medicine, in the Fort Wayne College of Medicine, Fort Wayne, Ind. President of the Northern Tri-State Medical Society.

There are few symptoms which are at the same time more frequent, more annoying, and sometimes more obscure than tinnitus. Whether the character of the sound in any given case is pleasant or otherwise, they become, if persistent, a source of

great torture. One patient was driven almost to the verge of insanity by a musical tinnitus, which she declared would have been very agreeable had it not been continuous. To be greeted by *any* sound the first thing upon waking; to hear it every hour of the day, and almost every minute unless it is perchance thrown outside the radius of conscious perception by centering the attention upon something else; and finally to hear its echo fade away as one sinks into slumber is a test of human endurance which may or may not be borne without disaster. It is little wonder that the records of these cases have occasionally led to insanity and suicide.

Perhaps this might never occur but for the neuro-pathic tendency; but such a tendency must be reckoned with as a fact by no means rare in its occurrence. But aside from the neurotic taint in which these tragical denouements are to be feared, aggravated tinnitus may and sometimes does seriously limit one's capacity for doing his best work, and render life a burden. With such clinical facts as these before us no apology is needed for entering into a discussion of this subject.

The particular object which I have in view is to consider its diagnostic bearings, more especially upon lesions of the central nervous system. In doing so it will be necessary to take a general survey of the etiology and pathology of tinnitus before we can inquire into its clinical relations, and bearings upon differential diagnosis.

Tinnitus may occur in a great variety of conditions. It is probably a constant symptom of certain forms of aural disease, notably of the non-suppurative or catarrhal forms of inflammations. Disease of the drum head, or pressure upon it of inspissated cerumen; diseased conditions of the ossicles and acute lesions of the labyrinth are among its frequent causes. Certain general diseases, or pathological conditions are so frequently accompanied by tinnitus as to prove a causal relation between them. Among these may be mentioned anemia, either cerebral or general. The ringing in the ears associated with severe and sudden loss of blood is a frequent and familiar phenomenon.



Congestive states of the nerve centers or local auditory mechanism may give rise to tinnitus. Tobacco and alcoholic toxaemic conditions are also among its causes. Arterio-sclerosis in either brain or ear is a not infrequent cause. Insolation induces a condition which sometimes gives rise to a troublesome tinnitus. Among general nervous conditions which undoubtedly produce this symptom neurasthenia and melancholia are undoubtedly the most important. It is however frequently associated with migraine, and occasionally forms a constant feature of the aura in cases of epilepsy. Certain toxaemic states produced by auto-intoxication from intestinal putrefaction may give rise to tinnitus.

An auditory neuritis may have tinnitus as a symptom just the same as optic neuritis may have photopsia. It is uncertain whether nuclear disease may produce it or not. However this may be there is strong proof in support of the view that it is caused by irritative lesions of the cortical auditory center. Pachymeningitis may act thus in this manner by pressure irritation of the cortex beneath.

It will thus be seen that tinnitus may occur under a great variety of conditions. Its mechanism must differ widely in the different diseases with which it is found associated. Opinions differ in regard to the manner in which the purely aural variety is produced. The most plausible theory is that which assumes an altered tension in some part of the ear. This is the view taken of it by Field and quoted approvingly by Roosa. It seems to offer a rational explanation not only of most of the aural cases, but also those due to changes in the general circulatory apparatus. The lowering of general arterial tension following severe hemorrhages probably produces tinnitus by lowering intra-aural tension. Perhaps quinia on the other hand produces its tinnitus by causing an intra-cranial hyperaemia in which the ear shares, increasing, instead of lowering intra-aural pressure. The pressure of inspissated cerumen would operate by transmission through the membrana tympani, and ossicles of the middle ear to the labyrinth.

Other conditions, however, aside from altered tension, must be assumed to explain certain cases. A condition of extreme hyperakusis may possibly explain some cases in which the throb of the internal carotid artery, as it rounds the tip of the petrous bone, produces a pulsating tinnitus simultaneous with the cardiac systole. Perhaps an altered quality of the blood making it more watery and therefore more vibratory may cut an important figure in some cases. The more rapid vibrations of the fluid as it follows curves in the arteries, may either produce a sound which the auditory nerve can perceive, or throw the latter itself into vibrations. The venous hum in the jugular vein is sometimes heard by the patient as a subjective sound. The direct dependence of some of these pulsating sounds upon the arterial current can sometimes be further proven by their cessation upon compression of the carotid artery. Thus in a case of brain tumor at present under observation, the patient has several distinct types of tinnitus, one of which resembles the puffing of a steam engine, undoubtedly due to the impact of the column of blood in the carotid artery, and which can be completely arrested by moderate compression of the carotid artery—a fact which the patient herself discovered.

The conditions of the walls of the blood vessels, both in the ear and a variable distance from it has to do with the noiselessness or noisomeness of the flowing blood stream. It is thus that arterio-sclerosis becomes a relatively frequent cause of tinnitus, both when the intra-aural vessels are involved, and when meningeal or cerebral vessels, not too remote, are the seat of this pathological change. Calcareous degeneration of the arterial walls must also act in the same manner. The sound may either be produced by the friction of the blood stream against the roughened intima, or by the greater vibratory capacity of the indurated vessels. Aneurismal dilatation of the vessels of the brain may give rise to a genuine bruit which may be heard both as a subjective and objective sound. It is also probable that the minuter vascular dilatations, known as miliary aneurisms, and



which are responsible for a large proportion of the cases of cerebral hemorrhages, may produce subjective sounds, by the irregular movements of the blood streams through them. The causes of the tinnitus of migraine and epileptic auræ must be sought for in vaso-motor or ganglionic disturbances of the cortex. There may be a discharging lesion of the auditory center just as there is of the center for voluntary motion, producing subjective sounds in the one case as they do convulsive seizures in the other. Migraine is closely related to epilepsy. The grosser lesions of the brain may of course produce tinnitus by direct pressure on the auditory mechanism.

But they may also, as was the fact in the case of brain tumor just referred to, produce deafness in one ear by direct involvement of the auditory nerve without notable tinnitus, while a very troublesome form was developed in the other ear, perhaps as the result of vaso-motor paresis by pressure of the intra-aural vessels of that side. A very troublesome form of tinnitus is also produced by rythmical spasmodic contractions of some of the muscles connected with the ear or Eustachian tube. This is of a crackling or snapping character and may be so loud as to be heard by an observer several feet from the patient.

The character of these sounds is subject to the greatest variations. They may be of a musical character. The musical quality may consist simply in the continuous production of a note of a certain pitch, or perhaps two distinct notes one high and the other low. Or it may be more complex representing a measure or a chord. Sometimes it resembles the intonation of the voice of a person or animal. It is again described as a rush or puff of escaping steam; the rumbling of a distant train or of thunder; or the roar of a cataract, or of artillery. Another patient now under my observation, also a case of brain tumor, described an attack of aggravated tinnitus as resembling the burning of brush heaps in the head. The constant cracking and snapping were intolerable. These phenomena preceded an exacerbation of all the symptoms together with a transient mania, and was undoubtedly produced by a vaso-motor paresis signalized by a sudden

influx of blood into the brain. More commonly however, the sounds are described as of a ringing, singing or buzzing character.

Some very remarkable phenomena in the way of the production of persistent tinnitus by a sudden temporary sound have been recorded. Thus Lucae cites the case of a Hebrew who was suddenly seized with bilateral tinnitus during a service in which a trumpet was blown very loudly. Equally interesting is the fact that the vibrations of a tuning fork may arrest tinnitus. Urbantschitsch (*Pflügers arch.* Bd xxi S 290), for instance, reports the case of a patient who had both a low and high pitched subjective sound. The high pitched sound disappeared when a high pitched tuning fork was held near the ear, while correspondingly the low pitched tone was arrested by a low pitched fork. In another case a high pitched tinnitus was caused by the low sound of a wagon rolling along the road.

As stated at the outset the most interesting question, from my point of view, is the relation which these sounds have upon the diagnosis of nervous diseases. When a case presents itself for clinical study in which tinnitus is a more or less prominent symptom, the first thing to be decided is whether or not it is due to local ear disease. Ocular inspection by means of the otoscopic mirror will tell us whether the external auditory canal is free from hardened wax and the drum head normal. The grosser lesions of the middle ear will be simultaneously excluded by this examination, if the results are negative. The permeability of the Eustachian tube, and the presence or history of naso-pharyngeal catarrh which may have extended to the tympanum could be thus determined. The acuity of hearing should be next determined. Rinnes test with the tuning fork will tell us much in regard to the integrity of the conducting apparatus.

After excluding diseases of the external and middle ear, the labyrinth still remains, and an attempt must be made to exclude or include it. In some cases this can be done with considerable probability or even certainty. The presence or absence of ver-



tigo will aid us materially. The typical paroxysmal attacks of Menieres, disease will of course present no difficulty, always remembering that the tinnitus soon persists in the intervals of the attacks, but disappears with the supervention of deafness. This last fact is not true of all forms of tinnitus, as the latter may persist after hearing has disappeared.

Sounds which are referred to the head instead of the ear by the patient, and which are not associated with deafness are probable due to meningeal irritation, arterio-sclerosis or aneurism, while pulsating sounds synchronous with the heart and arrested by carotid compression are due to vaso-motor paresis, inflammation congestion or aneurism.

The character of the sound will not as a rule aid us very much in the diagnosis. According to Gowers, elaborate sounds are always due to central disease. This may be generally the rule but exceptionally quite elaborate sounds are caused by ear disease.

Thus one very troublesome case of tinnitus, resembling the crying of a child was cured by the removal of hardened wax from the external ear.

It is worth remembering that the auditory hallucinations of the insane are often determined as regards character or causes by tinnitus when this is the result of ear disease. Proper treatment of the ear in some cases cures the tinnitus and with it the hallucination of which this was only one phenomenon.

The presence of head symptoms associated with tinnitus does not always prove cerebral disease. In a case reported by Lucae (Subject Gorsempfindung p.49) there was produced pressure feeling in the head, with tinnitus, caused by presence of internal disease.

The great frequency of tinnitus in neurasthenic states should be constantly kept in mind. Quite a considerable number of such cases have fallen under my personal observation. I recall one case, a patient of Dr. T. J. Shackleford, of Warsaw, in which the tinnitus constituted within itself almost a disabling symptom. I might add that in my own person unduly severe and

long protracted mental effort will almost invariably cause a high pitched singing tinnitus.

The diagnosis of tinnitus can only be made, in the obscure cases, by a thorough neurological study of the case, which means, if it means what it ought to, the broadest and most searching clinical investigation that rational scientific medicine can give.

---

## SOCIETY PROCEEDINGS.

---

### THE MEDICO-LEGAL SOCIETY OF INDIANA.

Many of the prominent physicians and attorneys of the state met at the Hotel Denison, Indianapolis, on Friday, August 28, for the purpose of organizing a society to be known as the Medico-Legal Society of Indiana. An organization was perfected which has for its object the promotion, elevation, and protection of the medical and legal professions. It is fair to suppose that the society will bring the two professions into a closer union of fraternity, and that they may be able to work to a much better advantage in cases where they are brought together.

There has always been more or less friction between the two professions in court trials, where expert testimony is required from physicians, and much of this friction has been due to an improper understanding of the relations that each bear to the other. It is fully expected that the medical profession through this society will advance in knowledge of the technical and legal bearing of medical testimony, and that the legal profession will advance in knowledge of the medical bearing of testimony which relates to medical science.

The new society also expects to play a prominent part in the matter of securing legislation for the protection of the medical profession, and of the people of the state in their dealings with



physicians. A bill containing the substance of the resolution recently passed by the Indiana State Medical Society, relative to laws regulating the practice of medicine in the state of Indiana, will probably be presented at the next session of the legislature and its passage urged. This bill will provide for rigid examinations, by a board of prominent physicians, of all persons who desire to practice medicine in the state of Indiana.

The society adopted a constitution and by-laws, and elected the following officers, who are to serve until the first annual meeting, to be held in Indianapolis, on the first Tuesday in December:

President—Hon. Charles L. Holstein, Indianapolis.

Vice-Presidents—Dr. J. F. Hibbard, Richmond ; Judge C. F. McNutt, Terre Haute; Dr. G. W. McCaskey, Fort Wayne ; Hon. John B. Cockrum, Indianapolis ; Dr. M. V. B. Newcomer, Tipton.

Secretary—Dr. F. J. Hodges, Anderson.

Treasurer—Dr. A. E. Sterne, Indianapolis.

Executive Committee—Hons. John B. Elam, Indianapolis; Geo. G. Reily, Vincennes; Cyrus E. Davis, Bloomfield; and Chas. E. Barrett, Indianapolis; Drs. J. D. Catch, Lawrenceburg; R. H. Crowder, Sullivan; Wm. B. Fletcher and Henry Jameson, Indianapolis.

The program for the next meeting will consist of papers upon germane topics, discussion upon the same, an address upon some phase of the subject by one of the "lights" of Legal-Medicine, and the "Annual Dinner."

It is greatly to be desired that every member of the profession of the State who possesses an interest in this line of work should at an early day identify himself with the Society, and to that end, all such are requested to communicate with the Secretary (Dr. F. J. Hodges, Anderson) who will furnish them membership application forms and all needful information. B.

# Fort Wayne Medical Magazine.

---

VOL. IV.

SEPTEMBER.

NO. 9.

---

## EDITORIAL STAFF:

ALBERT E. BULSON, JR., B. S., M. D., MANAGING EDITOR,  
19, 20, 21 Pixley-Long Building.

MILES F. PORTER, A. M., M. D.,  
47 West Wayne Street.

GEORGE W. MCCASKEY, A. M., M. D.,  
107 West Main Street.

BUDD VAN SWERINGEN, M. D.,  
26 West Wayne Street.

FRED J. HODGES, B. S., M. D.  
Anderson, Indiana.

---

A Journal of Medicine and Surgery, Published between the 1st and 10th of every month. Price, \$1.00 per Year, Postage Paid.

This Journal is devoted entirely to the advancement of medical science. Essays, Clinical Reports and Personal Communications of a medical nature are solicited. All Contributors are responsible for their own utterances.

All Communications, Subscriptions and Books for Review should be addressed to the Editor of THE FORT WAYNE MEDICAL MAGAZINE, 21 Pixley-Long Block, Fort Wayne, Indiana.

---

## EDITORIALS.

---

### THE REGULATION OF MARRIAGE

Dr. Daniel K. Brower, in a paper presented at the 1896 meeting of the American Medical Association, (Jour. of the Amer. Med. Ass. Aug. 15, 1896) contends that the welfare of the community demands that marriage should be regulated and that each and every person be prevented from marrying unless evidence be furnished that such person is in good health, not insane, a criminal, pauper, alcoholic nor narcotic inebriate, not tuberculous, cancerous, not epileptic, and not suffering from active venereal disease.

Dr. Brower says that it is horrible to contemplate what will be the condition of the race in the future, and what will become



of our social and political institutions if the wholesale production of abnormalities, through the violation of the laws of heredity, constantly taking place in unregulated marriages, does not cease.

It is but necessary to consult statistics bearing upon the existence of insanity, pauperism, criminality, and the degenerating effects of various vices of nutrition to understand that unless the increase in these defects can be arrested we are doomed to early disaster. In 1860 the proportion of insane to the population in Great Britain was 1 to 523. In New York today the proportion is 1 to 315. The percentage of increase in the number of criminals is far in excess of the increase in the population, the criminal population increasing 45 per cent. between the years 1880 and 1890, while the total population increased but  $24\frac{1}{2}$  per cent. during the same time. In fifty years the increase in the number of criminals has been 445 per cent. The consumption of distilled spirits, per capita, has not increased in fifty years, but during the same time the consumption of malt liquors has increased, per capita, 738 per cent. Heredity is the underlying factor in all, and it is time that ways and means be found to check the horrible consequences which will inevitably result if the present ratio of deterioration in our civilization increases.

It is time that the subject receives careful consideration, and we fully agree that "the laity need to be instructed on the subject; they should be taught that insanity, epilepsy, tuberculosis and drunkenness are all most certainly transmissible, and that out of them proceed pauperism and crime, and that he or she who possesses any one of these, or any other vice of nutrition, by marrying assumes a terrible responsibility in the suffering and misery they inflict upon their progeny."

These unfortunate marriages, regardless of the laws of heredity, will continue until by law prevented, and the initiative step in the way of reform must come from the medical profession. Require those who would marry to produce evidence such as suggested by Dr. Brower, or else give medical men the sole privilege of performing the marriage ceremony, and hold medi-

cal men on their honor to unite in wedlock only those persons who give satisfactory evidence of having no taint which can be handed down to posterity to the detriment of the community.

B.

---

### THE MEDICO-LEGAL SOCIETY OF INDIANA.

A number of physicians and attorneys of this state met at the Dennison House, in Indianapolis, on August 28th, as will be seen on another page, and organized a State Medico-Legal Society. This is a step which should certainly have been taken long ago, in the interests of both these learned professions. It is well known that there are many questions arising in the courts in which the doctor and the lawyer are mutually concerned. To meet together and listen to scientific essays and discussions upon these various topics can not do otherwise than broaden and clarify the mental visions of those who participate.

To recite the various questions which are sadly in need of a clearer solution, or at least of a better general understanding by the members of these two professions than has hitherto prevailed, would be an onerous and superfluous task. Every attorney who has ever been engaged, for instance, in a criminal suit, or a will contest, in which medical questions arose; and every physician who has ever been on the witness stand as a medical expert, will readily recall such questions, and concede the practical value of their scientific discussion.

In view of these facts it is to be sincerely hoped that the leading members of both professions take sufficient interest in the matter to co-operate in successfully conducting such a state organization.

The New York Medico-Legal Society is a powerful factor in the dissemination of knowledge. The Medico-Legal Society of Indiana can do precisely, and everything, that the united professions choose to make it do. This is a broad assertion, but its reputation is challenged. What shall the destiny and the fruition of this society be ?

M.



**INTRA-VEINUS SALINE INFUNDATION AFTER SEVERE HEMORRHAGE.**

T. S. K. Morton, of Philadelphia, reports (*Therapeutic Gazette*, August 15, 1896) two typical examples of the utility of the saline infusion following hemorrhage.

The first, a woman pulseless from the loss of blood occasioned by a ruptured tubal pregnancy, received a quart of warm salt solution (0.6 per cent.) by the veins, and made a good recovery. The second case was that of a boy of fifteen, who sustained a penetrating stab-wound of the lung, with extensive external and concealed hemorrhage producing extreme shock. He was promptly revived by infusion and made a good recovery.

Elaborate formulas representing the normal constitution of the blood are published but rarely used. Common table salt added to boiled water in the proportion of 5i to Oi is sufficient for all practical purposes. This may be injected into the subcutaneous cellular tissue (hypodermoclysis) or, better, injected directly into the median cephalic vein. A patient supposedly dead from hemorrhage should never be left until infusion has been practiced, as surprising results have followed its employment even in seemingly hopeless cases. The editor once dissolved salt from a dinner table in water from a kettle standing on the kitchen stove, and injecting three pints into the median cephalic vein, which had been exposed and opened with a pen-knife, revived a patient which must otherwise have been lost. The procedure is not at all a difficult one. It can and should be practiced, when indicated, by every intelligent physician. The main precaution necessary being cleanliness and the precaution of preventing access of air to the veins. H.

---

**THE MICHIGAN LEGISLATION LEAGUE.**

The "correspondence" columns of the *Journal of the American Medical Association*, have frequently and quite recently contained letters from some of Michigan's most prominent medical men, relative to the organization and purposes of what has been termed "The Michigan Legislative League," ostensibly a

political organization composed of medical men of all creeds and pathies, whose object is to use such influence as will effect the passage of a law to regulate the practice of medicine in the state of Michigan.

Dr. Donald McLean boldly attacks and opposes this league on the ground that the regular profession cannot in justice to its numerical strength and position recognize other creeds, or unite with other creeds in working for the enactment of a law to regulate the practice of medicine. Dr. McLean argues that in giving the homeopaths equal prominence on the executive committee of "The League," the regular profession is giving the homeopaths a prominence they do not deserve and a recognition that is fatal to the best interests of the regular profession, if "The League" is to be the means through which a medical law must have its birth.

On the other hand, Dr. E. L. Shurley, president, and Dr. J. H. Carstens, member of the executive committee of "The League," argue that the regular medical profession should display a liberality of spirit and put aside, for the moment, special ethical scruples for a broader code of human ethics which embraces the welfare, not only of the craft, but of all their fellow human beings. They contend that medical science will not be prostituted or degraded through the political association of regular physicians with homeopaths, and that, in attaining the end for which "The League" was organized, all bigotry must be cast aside and one and all unite in the battle for protection to humanity.

While we might find some cause to criticise "The League," we must emphatically, from a liberal standpoint, favor such an organization with the aims and objects as set forth. It may not be the height of ethical propriety to ask the homeopaths to unite with the regular profession in fostering a medical law, but experience has taught that without recognition of the homeopaths, and even the eclectics, it is impossible to obtain the enactment of a medical law which really regulates the practice of medicine. The best medical laws now in operation in the



states, notably those of Minnesota, Pennsylvania and Ohio, were not only submitted to the various medical schools for approval, but were drafted by committees composed of medical men of conflicting creeds. The regular profession of Ohio, unaided and alone, tried for years to secure the passage of a bill to regulate the practice of medicine in Ohio, but each and every attempt ended in failure until the other schools were asked to unite in formulating a bill with such objects, and urging the passage of the same by the legislature.

It may sound patriotic to say that a medical law should be formulated and fostered by the regular medical profession, by far the strongest and most prominent of all schools, and that until such a law is passed we can do without any, but such reasoning is neither sensible nor in good taste, and only brings discredit and dishonor upon us. As members of a noble profession we are bound to look after the interests of humanity, and if by our influence we can secure the enactment of laws for the protection of humanity it is our duty to do so, even to the extent of uniting with what Dr. McLean pleases to call "the enemy" to accomplish the purpose, when experience and judgment leads us to believe we can accomplish it by no other means.

In Indiana a County Clerk is the sole judge of a man's fitness to practice medicine in the state, and we contend that a new law governing the practice of medicine in Indiana, whether formulated by regulars, homeopaths, or eclectics, would in all probability have as its essential feature provision for the examination of all persons desiring to practice medicine in the state, and the examining board to be composed of reputable physicians. Making allowance for a partisan board and we believe the recognized quacks and charlatans would be limited in number as compared with the present, when the state abounds with the rankest kind of medical fakirs and pretenders.

We have reason to believe that "The Michigan Legislative League" will be successful in obtaining a fairly protective medical law for Michigan if the members of the regular medical profession do not oppose the movement through selfish and

illiberal motives, and a new medical law being of importance to both the laity and medical profession of Michigan, and the enactment of a respectable law governing the practice of medicine not being possible without the endorsement of the homeopaths, we suggest that it is not only proper but necessary that the dissenters unite with "the enemy" in attaining the much desired end.

B.

---

### THE MURPHY BUTTON ABROAD.

It seems at all times a difficult task for German surgeons to give full credit to that which is originated outside their own country, a peculiarity particularly noticeable when the American profession is concerned. Our countryman, Murphy, seems at last to have forced recognition at their hands for his "button."

Czerny of Heidelberg (*La Medecine Moderne*, June 20, 1896.) himself the originator of the suture used in intestinal operation, recognizes that the button possesses many advantages, foremost among which he names that of hastening and facilitating the reunion of the severed ends of the intestine. He hopes that an absorbable button may yet be found.

H.

---

A lady from the far West, who had just been through a course of typhoid treatment with enemata en masse said while speaking of her experience: "I don't know much about different kinds of doctoring, but I must say I prefer quartz to placer mining."

---

*Friend*.—I'm told that most prescriptions cost little or nothing to make up.

*Druggist*.—Yes; but we charge for deciphering the penmanship and translating the latin.—*Puck*.



## MEDICAL REVIEWS.

---

### DEPARTMENT OF MEDICINE, THERAPEUTICS, NERVOUS AND MENTAL DISEASES.

---

IN CHARGE OF G. W. McCASKEY, A. M., M. D.

Professor of Nervous and Mental Diseases and Clinical Medicine, in the Fort Wayne College of Medicine, Fort Wayne, Ind. President of the Northern Tri-State Medical Society.

**THE FOLLY OF AN EXCLUSIVE MEAT DIET.**—Americans are proverbially a dyspeptic race, with a few exceptions now and then among city aldermen, plethoric judges, and other doctors who do a consulting practice, the total number of whom is not sufficient, however, to bring the average up to the normal standard.

Leanness is due to the inability to digest and assimilate fat-making food.

The non-digestion of starch is unquestionably one of the most common causes of disordered digestion.

This is doubtless the chief cause of the extensive use of beef and other forms of flesh food in this country. Meat is readily dissolved in the stomach, and its digestion is not accompanied by the flatulence, acidity, and other distressing symptoms present in amylaceous dyspepsia.

A beef diet is the most ready means of obtaining relief from these annoying symptoms, and hence is one of the most common diet prescriptions made by physicians, and one which is, perhaps, more frequently than any other made use of by patients for themselves.

The result is relief from a certain set of symptoms, but at the same time the development of others which, if less disagreeable, are in the end not less serious.

An exclusive meat diet robs the system of its proper supply of fat, and overwhelms the body with a great quantity of ptomaines, leucomaines, and tissue poisons, which decrease the resistance of the body to disease.

Bouchard, Rogers and others have shown that the poison-destroying

function of the liver depends upon the amount of glycogen which it contains.

This is almost exclusively derived from the starch of "farinaceous foods," hence a person who, in consequence of inability to digest starch, confines himself largely to meat diet, is exposed to the double injury, the introduction of toxic substances into the system, and the lessened ability to destroy toxins and ptomains.

The dyspeptic who is suffering from the inability to digest starch, in exchanging a farinaceous for a flesh diet simply exchanges one class of morbid conditions for another, the biliousness or general toxæmia, the uric acid diathesis, and the resulting rheumatism, neurasthenia, and allied conditions which proceed from a meat diet being far more serious in their ultimate effects than the acidity, flatulence, and other annoying symptoms experienced from the indigestion of starch. The fermentation of proteids in the stomach, intestines, and colon which always accompanies a flesh diet, produces toxic substances of a peculiar character, while the fermentation of starch results in the formation of acids and gases which are annoying and irritating, but not to any degree toxic.

A certain amount of fat in the tissues is necessary as an aid to vital resistance.

The excessively lean as well as the overfat person is more liable to attacks of disease than the person who possesses a normal amount of adipose tissue.

Starved pigeons can be readily infected with certain microbial maladies against which they are found to be proof when well fed.

The substitution of a meat diet for one consisting of farinaceous foods, while a convenient mode of dissipating certain unpleasant symptoms, is nevertheless, not the best remedy for this condition.

What the patient requires is not the withdrawal of starchy foods, but the ability to digest them.—*Mod. Med.*

---

**THYROID GLAND IN SEVERE SYPHILIS.**—The patient, twenty-five years of age, had lost the alae nasi and the upper portion of one ear by ulceration, and the general condition was very bad.

The beginning dose was two grams, increased to fourteen after a time, of the fresh gland chopped up and eaten with bread, butter and salt. Every second day the treatment was interrupted for twenty-four hours. After five days there was marked improvement and a cure in five months.—*Gouladse (Med. Mod., Oct. 5, 1895.)*



NEW TREATMENTS FOR TAPEWORM.—Dr. Newington gave the following for another disorder and found that the patient passed a dead tapeworm eleven feet long, of whose presence he, as well as the physician, was ignorant :

R Potass. hydriodat . . . . . gr. xxxvi  
 Iodi . . . . . gr. xij  
 Aquae . . . . . vzi  
 Ten drops in water three times daily.

The same combination was then tried in three cases in which the parasite was known to be present, and in each case it acted equally well. In still another case which had resisted all previous attempts, the patient passed a mass of dead tapeworm and for a year had no return.

---

LANDRY'S PARALYSIS DUE TO A STREPTOCOCCUS.—Dr. Paul Remlinger reports the case of a soldier of the French army, who had passed through the fatigues of the campaign of 1895 in Madagascar, with no troubles except an intermittent fever contracted in November of that year, of which he had the last access in Paris the first of January, 1896; January 19th he was suddenly awakened by sharp lancinating pains in both thighs. The course of the disease was typical and acute from this moment, the patient dying January 31st. At the autopsy, twenty-eight hours after death, the liver was found enlarged and spotted with black pigment; the spleen was also enlarged and pigmented. Cultures were made from the spine in the cervical, dorsal, and lumbar regions, from which a pure culture of streptococcus developed in twenty-four hours. By way of a control experiment and to show that streptococcus had not developed during the twenty-eight hours which intervened between death and the making of the cultures, cultures were tried of blood removed from the popliteal vessels. This remained entirely sterile. However, it has probably been sufficiently demonstrated already that streptococci are not microbes which invade the tissues post-mortem. Marinesco made the pathological examination of the case. It may be mentioned that, in conjunction with Dr. Oettinger and Dr. Marie, Dr. Marinesco had already published two observations of acute ascending paralysis in which the presence of microbes had been demonstrated, appearing in the first to be streptococci and in the second anthrax bacilli. His report is brief, and only mentions that the anterior cornua contained in its lymphatic spaces small chains of streptococci. These were not found in the interior of the nerve cells, but the large cells of the anterior cornua presented in many places ruptures of their prolongations; the lesions which had been already described in Landry's Paralysis of Ballet and Dutil.—*La Med. Mod.*, April 1, 1896.

**TENDON REFLEX IN TYPHOID FEVER.**—In his thesis for the Doctor's Degree, at Nancy, M. Renard stated that he had examined the tendon reflex in fifty cases of typhoid fever, and that in seventy per cent. it was exaggerated, and in thirty per cent. either abolished or normal, and he found also that it was subject to daily fluctuations which appeared to have no relation to the severity of the enteric disease.

He concludes from two post-mortem examinations in which fragmentation of the myelin in some of the nerve tubules in the dorso-lumbar region was present, and due to a localized irritation in the spinal cord. The conjecture is apparently founded upon an insufficient pathological observation, however.—*Journal of Nervous and Mental Diseases.*

---

**THE PATHOLOGY AND TREATMENT OF THE OCCUPATION-NEUROSES.** By Dr. Alois Pick (*Wiener Med. Wochenschr.*, 1895).—The author made a study of writers-cramp especially, and found in the vast majority of cases, hard and soft, roundish swellings along the extensor tendons of the fingers, especially in the extensors of the index, middle finger and thumb, which were often arranged like a rosary. He believed the swelling to be due to exudation of rheumatic origin in the tendon sheaths, and sometimes in the muscles.

In analogy with tendo-vaginitis the process occurs in the extensor tendons, because these latter are stretched and strained while working.

Massage caused the absorption of the nodules, and the faradic current was applied. The results obtained were most satisfactory.

---

## DEPARTMENT OF SURGERY AND GYNECOLOGY.

---

IN CHARGE OF MILES F. PORTER, A. M., M. D.

Prof. of Surgery and Gynecology in the Fort Wayne College of Medicine.

ASSISTED BY

FRED J. HODGES, B. S., M. D.

Prof. of Genito-Urinary Surgery in the Fort Wayne College of Medicine.

**THE ABORTIVE TREATMENT OF BUBO BY THE PRESSURE BANDAGE.**—Buboes are like the poor "ye have always with you," so that a method of treatment which offers hope of aborting this affection can never be without interest.



Dr. A. B. Gaither, of Baltimore, reports (*Chicago Medical Recorder*, August, 1866,) from the Genito-Urinary Clinic of the John Hopkins Dispensary, eighteen cases of bubo treated by the pressure bandage. In two instances the treatment became so painful that it had to be abandoned. Of four of the cases which were so far advanced that nothing could be hoped, one case was improved while three were unchanged. The remainder, twelve cases, were aborted.

The dressing is thus applied: "A piece of cotton as large as the fist is folded on itself again and again, until it has the shape of the bubo, and when placed on it does not completely cover it. This is carefully adjusted, and a wad of tightly compressed cotton the size of a cocoanut placed over it. Small pieces of cotton are also used on the inner and outer surfaces of the thigh, to prevent chafing. A very tight spica bandage is then put on."

The author says of the method:

1. It is safe.
2. Pain is, as a rule, diminished after twenty-four hours.
3. It does not hinder the patient from following his usual occupation.
4. It gives a high percentage of successful results.

---

**TREATMENT OF SOFT CHANCRES BY HEAT.**—The treatment of chancroids by heat as suggested by Welender, of Stockholm, some three years ago is now employed by Audry of Toulouse (*Lancet*, 1896.) in a manner differing somewhat from the original. He uses radiant heat supplied by the thermo-cautery, the button of which is held for a few seconds at a distance of three or four millimetres from the sore previously washed and dried. Exposure to this radiated heat for the period indicated has the effect of thoroughly drying the ulcer, on the edges of which there now appear sanguinolent striae. Too long exposure determines a raising of the surrounding epidermis and a reddening of the skin. A single *seance* is stated to be usually sufficient to transform the chancre into a simple ulcer, which soon cicatrizes under the influence of any antiseptic powder. The rapidity of the healing is due to the absence of the scab that always follows the direct application of actual or chemical heat. The pain is said to be quite endurable, being less than when the actual cautery is employed.—*Universal Med. Jour.*, Aug, 1896

---

**PROLAPSUS ANI.**—Dr. Platt recommends (*Johns Hopkins Bulletin*) in cases of prolapsus ani which resist the ordinary methods of treatment, the passage of a submucous purse-string suture at the junction of the skin and anal mucous membrane. A curved needle is used to carry a thick thread

half around the anus, the needle is brought out at the median line, re-introduced at the same point, and made to carry the silk around the other side of the gut and brought out at the first puncture. The little finger is then introduced into the gut and the suture tied snugly around it. The child subsequently stools in the recumbent position. The suture is removed after three weeks. Injections are used if necessary to soften the stools. No fistula, suppuration or other ill results follow. The bowel is held in place long enough to contract adhesions. There is said to be no return of the prolapsus.

---

#### BLENNORRHAGIC VAGINITIS.

R Pure creosote,  
Sol. of potassium hydrate, aa parts iij.  
Aq. camph., parts 240.

M. Sig. Injection twice daily of a teaspoonful of this solution into the vagina.—*Ec.*

---

PERICARDITIS CURED BY OPEN INCISION.—Rullier (abstract in *Med. Mère.*) reports a cure of serous pericarditis, which withstood several tappings, that was finally cured by an open incision into the pericardial sac through the fourth intercostal space made under cocain anesthesia. The pericardial wound closed on the fourth day.

---

SURGICAL TREATMENT OF PERFORATED GASTRIC ULCER.—In a discussion of a paper by Dr. W. T. Parker on the above subject, (*Annals of Surgery*,) Dr. R. F. Wier said he had been able to collect seventy-four primary cases of perforation of the stomach by ulcer which had been operated upon. Out of this number there were twenty recoveries. Of the recoveries fourteen occurred out of twenty-four cases operated upon within twelve hours after perforation. In the cases operated upon between the twelfth and twenty-fourth hours, the mortality was eighty-one per cent.; and after the twenty-fourth hour the mortality was ninety-three per cent.

The importance of early operation cannot be over-estimated. Severe pain and shock occurring suddenly in a case giving a previous history of stomach trouble usually means perforation of the stomach by ulcer. The pain is often quite diffuse.

---

TO CORRECT THE DEFORMITY FOLLOWING FRACTURES OF THE LOWER THIRD OF THE LEG.—Dr. James Kerr, of Washington, D. C., (*Medical News*,) recommends a simple linear supramaleolar osteotomy of the tibia alone as



an excellent and effective means of overcoming the valgus-like deformity so often seen after healing of fractures of the lower third of the leg. The operation is simple and easy of execution, and is identical with the Hahn-Langenbach operation for valgus.

---

**RESECTION OF THE HIP IN COXALGIA.**—*Transactions of the Societe Royale des Sciences Medicales et Naturelles, Brussels.*—Dr. A. Lambotte of Antwerp, in a comprehensive monograph, presented twelve personal cases of resection, eleven of which were successful, and gave a full history of tuberculous disease of the hip joint and the measures employed for its cure. He formulated the following conclusions.

1. Conservative measures should be reserved for the first stage of coxalgia.
2. Surgical intervention is indicated as soon as pus forms in the articulation.
3. In non-suppurating coxalgia intervention is indicated if the pain and deformity prove rebellious to treatment by continuous extension.
4. A bloody operation is never contra-indicated by the extent of the local lesions.
5. Disarticulation of the hip should never be practiced at the outset.
6. The best method for total resection is the longitudinal external incision.
7. Vertical division of the trochanter is very useful in the first stage of the resection.
8. In the child the cartilaginous trochanter should always be preserved in tact.
9. The danger in resection, when practiced at the beginning of suppuration, is almost nil.
10. Resection is the less serious as it is the more radical.
11. In order to insure complete and definite cicatrization all the tuberculous tissue must be extirpated.
12. In suppurating coxalgia resection gives better functional results than the conservative method.
13. Mobile nearthrosis after resection is better than ankylosis.
14. Extensive resections of the acetabulum have no value from an orthopaedic point of view.
15. In the child subtrochanteric resection with preservation of the trochanteric cartilage gives orthopaedic results identical to those of simple cervical resection.—*The N. Y. Polyclinic.*

## DEPARTMENT OF OBSTETRICS AND PAEDIATRICS.

---

IN CHARGE OF B. VAN SWERINGEN, M. D.

Professor of Theory and Practice of Medicine in the Fort Wayne College  
of Medicine.

**A CASE OF CENTRAL LACERATION OF THE PERINEUM.**—Dr. Sidney I. Small, in *The Record* of Aug. 29, reports a case in which this rare accident occurred. He thinks the cause to have been the short and slightly curved coccyx together with a roomy pelvis. Immediate repair proved successful and in her next confinement the same accident was prevented by using one blade of the forceps under the child's head as a vectis.

---

**WALCHER'S POSITION.**—Dr. FOTHERGILL, of Manchester, read a paper on "Walcher's Position," which is to have the patient lying on her back on a table, with her sacrum on the edge, and her legs dependent, the feet being clear of the ground. The effect of this is to cause a rotation of the ilia on the sacrum and to increase the antero-posterior diameter of the pelvic inlet, while diminishing that of the outlet. Another effect which Dr. Fothergill had observed was relaxation of the perineum. He had made careful measurements with the woman in this position, and had found that the conjugate could be increased by as much as one-third of an inch. This manœuvre should always be tried before proceeding to symphyseotomy or craniotomy.

---

**CONVULSIONS.**—William A. Dickey, in the *Columbus Medical Journal*, considers the rational therapeutics of infantile convulsions. He states that the tendency to the affection is often inherited from parents who have been epileptic, syphilitic, or alcoholic, or whose ancestors have for generations lived among bad hygienic surroundings. The most frequent existing cause is hyperpyrexia, because of the intimate connection of the heat and convulsive centres. The next most important cause is toxic, as a result of ptomains generated in the digestive tract from decomposing food. Dentition and intestinal parasites are occasional but rare causative factors. Reflex convulsions are sometimes due to cerebral tumors, meningeal hemorrhages and hydrocephalus. The universal custom of putting the child in hot water is not always good, especially in hyperpyrexia. It is better in such cases to sponge the body with tepid water, gradually adding cold water to the bath, which is fol-



lowed by friction. In addition give an enema, bromide of sodium three grains and tincture of gelsemium two drops, every two hours, and one-fifth of a grain of calomel. This treatment is of no avail when the eclampsia is due to cerebral tumor, meningeal hemorrhage and the like. We may also give chloroform, chloral, or hypodermic injections of morphia. The coal-tar preparations are sometimes of benefit. Hot baths are never indicated.—*Am. Jour. Obst.*

---

**PUERPERAL PULMONARY THROMBOSIS.**—At a recent meeting of the Edinburg Obstetrical Society, a report of which is published in *The Lancet*, Dr. J. Lomond Lackie read a paper on "Puerperal Pulmonary Thrombosis," with an illustrative case. The patient was a strong, healthy primipara, aged twenty-six. She enjoyed good health during pregnancy, but during the last few weeks of gestation suffered from considerable anasarca of the legs; there was no trace of albuminuria. The labor was easy and there was an unusually small quantity of blood during labor and after the separation of the placenta. The puerperium was practically normal. On the twelfth day she walked from the bed to a chair, a distance of twelve feet, and as she reached the chair she exclaimed she was dying, complained of shortness of breath, and collapsed on the floor. Her face became livid, she struggled for breath, and speedily became unconscious. Dr. Luckie saw her within six minutes of the onset, when she was dying; the extreme lividity of the face was very marked. Restoratives and ether were used, but she died two minutes later. On post-mortem examination the uterus was found to be normal in size, the fundus being just above the brim of the pelvis, and it was somewhat flabby. The cavity was normal and aseptic. There was no indication of clotting in the veins of the pelvis or in the femoral veins, at least in their upper part. All the organs of the body seemed healthy; but on opening the pulmonary artery there was found a thrombus, white, dense, and fibrinous, adherent to especially one side of the vessel, and extending into both branches and their ramifications for some distance. On the surface of the clot there was more recently coagulated blood. The right ventricle of the heart was also occupied by a recent dark purple clot. There were absolutely no premonitory symptoms to lead one to anticipate this result. The small amount of blood lost during labor was unusual, as this condition seems to occur more easily in those weakened and anæmic from hemorrhage. A few cases of recovery have been recorded. Ammonia and diffusible stimulants can be given, and, if life is prolonged, inhalation of oxygen may be of service. *Med. Record Aug. 29.*

**TREATMENT OF PUERPERAL SEPTICÆMIA BY ANTI-STREPTOCOCCIC SERUM.**—C. Vinay, in the "Lyon Medical," January 26, considers that puerperal septicaemia may be successfully treated by serum therapy. He used the serum of a horse immunized against diphtheria in four cases. His conclusions are that the serum may be all powerful against recent infection of the blood, as seen in two of the cases, but it is inefficacious against once established organic lesions, as shown by the other two cases. He also states that the local treatment of the infected mucous membranes must not be neglected, especially at the beginning. The best method of employing this treatment would be to always make a culture from the cervix, and to use the serum only in cases shown to be dependent on streptococci. This, however, means loss of time; therefore, if we have chills, and a rise of temperature to 40 degrees C., we may assume the presence of streptococci. The best time to give the injections is in the evening.

---

## DEPARTMENT OF OPHTHALMOLOGY, OTOTOLOGY, LARYNGOLOGY AND RHINOLOGY.

IN CHARGE OF ALBERT E. BULSON, JR., B S., M. D.

Oculist and Aurist for St. Vincent's Orphan Asylum, and the Allen County Orphan Asylum. Professor of Laryngology and Rhinology in the Fort Wayne College of Medicine, Fort Wayne Indiana.

---

**REPORT OF FIVE HUNDRED CASES OF INTUBATION OF THE LARYNX.**—Dr. F. E. Waxham, in the *Journal of the American Medical Association*, gives a detailed report of thirty-seven cases of intubation, making in all five hundred three cases reported. In giving his percentage of recovery he states that many of the cases operated upon were beyond all hope when the operation was performed. Several cases were complicated with scarlet fever and some with measles, and in these cases the operation was simply performed for euthanasia, much to the detriment of a good record.

In summing up the total number of cases he gives the largest number of operations upon patients three years of age, the next largest upon patients four years of age, and the third largest upon patients two years of age. Taking the operations upon these three classes it is found that the percentage of recovery is 35.38. A particularly noticeable fact is that out



of five hundred three operations, but six were performed upon patients over thirteen years of age. Of these six operations one was performed upon a patient fourteen years of age, one at seventeen, one at twenty, one at thirty-six, one at forty-three, and one at sixty. Out of this number Dr. Waxham reports but one recovery and that in the patient thirty-six years of age. Five operations are reported upon patients twelve years of age with no recoveries, and two operations upon patients thirteen years of age without recovery.

Dr. Waxham closes by emphasizing the use of antitoxin in cases of laryngeal diphtheria. He says that he is fully convinced that antitoxin limits the extension of diphtheritic exudation as does no other remedy that we possess, and as the danger lies chiefly in the extension of this membrane it is apparent that the remedy should be employed early, before the membrane has extended to the lower trachea and to the bronchial tubes. In a case of diphtheria, the very moment that it is evident from the slightly embarrassed respiration and croupy cough that the larynx has become invaded the remedy should be used. By the early use of antitoxin in these cases not only will many operations be avoided but many cases requiring operation will be saved that would otherwise perish. In corroboration of this statement Dr. Waxham says that since the general use of this remedy in Denver, he has been called much less frequently by his *confreres* to operate than formerly, and in those cases operated upon a much larger percentage have been saved.

---

LOCAL APPLICATIONS IN PHARYNGITIS.—The following combination is an antiseptic stimulant and protective:

R	Oil Scotch pine . . . . .	2.0
	Oil eucalyptus . . . . .	4.0
	Oil cassia . . . . .	2.0
	Menthol . . . . .	1.3
	Ext. balm gilead, fld. q. s., ad . . . . .	128.0

Sig. Spray on pharynx.

One of the best combinations to be used as a spray in the simple acute form of the disease is the following:

R	Cocain . . . . .	0.5
	Oil cassia . . . . .	2.0
	Menthol . . . . .	
	Gum Camphor . . . . . aa	4.0
	Albolene, q. s., ad . . . . .	120.0

—Dr. Lewis M. Somers, in *The Laryngoscope*, August.

## CHRONIC OTORRHEA PERMANENTLY CURED WITH TRICHLORACETIC ACID.—

Halasz confirms Okuneff's announcement of the value of this treatment, and recommends the following *modus operandi*: As the pain is severe, five to eight drops of a 10 per cent. solution of cocain should be held in the ear for three minutes. During this time a syringe of tepid water should be used to melt the crystals of the acid on the specially constructed sound. The inner ear is then lighted and the sound introduced into the middle ear through a rubber ear speculum. Every spot to be cauterized should then be touched lightly but effectively with the acid, especially the edges of the perforation and the mucous membrane of the middle ear. The ear should then be rapidly rinsed out with one or two syringes of water and after it is dry, dusted with aristol or powdered borax blown in. The operation should be rapid and repeated once or twice a week, when the otorrhea soon disappears, the perforation in the drum closes, and the hearing is completely restored.—*Therap. Woch.* July 1, from *Orrosi Hetil.*, No. 17.—*Jour. of Amer. Med. Ass'n.*

---

BOOK REVIEWS.

---

THE AMERICAN ACADEMY OF RAILWAY SURGEONS—REPORT OF SECOND ANNUAL MEETING. EDITED BY R. HARVEY REED, M. D., of Columbus, Ohio.

*American Medical Association Press*, Chicago, 1896: This is a very neat volume of 221 pages, bound in cloth, and contains, aside from the report of the proceedings of the society, the nineteen papers read before the society at its last meeting together with the discussions of them. There are eight illustrations of papers presented and eight portraits of the officers of the Academy. The papers presented, together with the discussions, are meritorious, but allowing twenty minutes for the reading of each paper and a like time for the discussion of each paper, not quite thirteen hours of the society's time would be occupied by papers and discussions. Out of a three-days session this seems rather too small a proportion of time to allot to scientific work. The volume is well indexed, the publishers work is well done, and altogether the book does credit alike to the Academy and to the editor, Dr. Reed. P.

---

*"Stories of a Country Doctor" will be given with every new yearly subscription to the Magazine.*



A SYSTEM OF SURGERY. BY AMERICAN AUTHORS.—Edited by Frederic S. Dennis, M. D., Professor of the Principles and Practice of Surgery, Bellevue Hospital Medical College, New York; President of the American Surgical Association, etc., assisted by John S. Billings, M. D., LL. D., D. C. L., Deputy Surgeon General, U. S. A. Complete in four imperial Octavo volumes, containing 3652 pages, with index, 1585 engravings and 45 full-page plates in black and colors.

Volume IV, 970 pages, 441 engravings, and 23 plates. Price per volume: \$6.00 in cloth; \$7.00 in leather; \$8.50 in half Morocco, gilt back and top. For sale by subscription. Full circular free to any address on application to the publishers, Lea Brothers & Co., Philadelphia.

The contributors to this volume are: Robert Abbe, M. D.; William T. Bull, M. D.; Farrar Cobb, M. D.; Henry C. Coe, M. D.; William B. Coley, M. D.; Frederic S. Dennis, M. D.; Edward K. Dunham, M. D.; Edward M. Foote, M. D.; Frank Hartley, M. D.; Joseph Taber Johnson, M. D.; W. W. Keen, M. D., LL. D.; William T. Lusk, M. D.; Rudolph Matas, M. D.; Charles McBurney, M. D.; Lewis S. Pilcher, M. D.; William M. Polk, M. D.; Maurice H. Richardson, M. D.; Robert F. Wier, M. D.

The subjects treated are: Tumors, Hernia, Surgery of the Alimentary Canal, Appendicitis, Surgery of the Liver and Biliary Passages, of the Uterus, of the Ovaries and Tubes, Gynecological Surgery, Symphysiotomy, Surgery of the Thyroid, Surgical Peculiarities of the Negro, Surgery of the Female Breast, Use of Roentgen Rays in Surgery.

The chapter on tumors is written by Dennis and Edward K. Dunham. The latter writing upon the microscopical characteristics of tumors. To those who have had the pleasure of reading Dennis' Presidential Address delivered to the American Surgical Association in 1895, it is unnecessary to say that this chapter is all that could be expected in the space taken (124 pp) Gouley's nomenclature and classification is adopted, being published in "advance by his permission."

Coley's method of treating inoperable malignant tumors by the injection of the mixed toxines of erysipelas and bacillus prodigiosus is fully described.

Drs. W. T. Bull and W. B. Coley conjointly write the article on hernia. In the operative treatment of hernia preference is given to Bassini's method, though all of the principal methods are described. Kangaroo tendon is regarded as the best suture material.

Drs. Maurice Richardson and Farrar Cobb write the Surgery of the Alimentary Canal down to the ileo-caecal valve. The appendix caeci being

considered, and properly so, worthy of special consideration. The ability of the writers is well known to all readers of current surgical literature and a perusal of this portion of the book shows that they have not slighted their work. Exactly why the surgery of the spleen should be considered in this connection and that of the liver and biliary passages left to another section of the work is hard to understand.

The subject of appendicitis is treated of by Drs. Frank Hartley and Charles McBurney. The former writing of the history, classification, symptoms, etc., and the latter of the surgical treatment.

L. S. Pilcher, M. D., writes the article upon the surgery of the alimentary canal, from the ileo-caecal valve to the anus, and in the 106 pages allotted him does ample justice to the subject.

Dr. Robert Abbe's article on the surgery of the liver and biliary passages, while not as exhaustive as some might wish, occupying but 74 pp., is terse and practical. We are pleased to find that he does not recommend "ideal cholecystotomy" and questions the utility of cholecystectomy save in "beginning malignancy or when chronic atrophy has left a distorted and pocketed bladder."

Wm. M. Polk writes the article on the surgical disorders and diseases of the uterus. In speaking of the relative indications for caesarean section and presuming that the time for the induction of premature labor has passed, that symphyseotomy can offer no hope, and that the question lies between embryotomy and section, he says: "The operation is really one of election." This would indicate that the author thinks embryotomy upon a living and viable child warrantable. Personally we do not think it is, and believe that the author's opinion does not coincide with the consensus of opinion upon this point.

The vaginal route is preferred in hysterectomy for inflammatory diseases and in cancer limited to the cervix, but the abdominal route is preferred in cancer of the corpus and in large fibroids. Preference is given to the intra peritoneal treatment of the stump. In suture of the abdominal wall Fowler's figure-of-eight suture with silkworm gut is advised.

The article is as complete as it could be made in the space allotted him, (71 pp.) and is, as the author says, a clear exposition of the essentials of the matter treated. The value of the article is enhanced by virtue of the fact that it is based upon the personal experience of the writer.

Only forty-eight pages are allotted to Dr. Joseph Taber Johnson for the discussion of the surgical diseases of the tubes and ovaries. This is too small a space to allot to this subject. It certainly is equal in importance to surgical diseases of the uterus to which is given seventy-one pages, or to minor



gynecological surgery which occupies seventy-nine pages. We regret all the more the brevity of this chapter because of its excellence. Speaking of Battey's operation he says "these women are improved by the operation, in their personal experience and unchanged, as a rule, in their sexual nature." As we have said, this is an excellent chapter, albeit too short, but it is marred by the manner in which the author attacks the advocates of conservative operations in diseases of the tubes and ovaries.

Henry C. Coe, M. D., is the author of the chapter on minor gynecological surgery, and has done the work in such a manner as to prove to any one who reads the article that it is written by one who knows both what to say and how to say it.

Dr. William T. Lusk writes a chapter upon symphysiotomy. The subject is treated very fully, including the history of the operation and the anatomy of the parts concerned.

The surgery of the thyroid is discussed by Drs. Weir and Foote in a chapter of twenty-six pages. The numerous references given add in no small measure to the value of this chapter.

A chapter on the subject of the surgical peculiarities of the negro, is an innovation which is intensely interesting and of considerable practical importance. One of the most comprehensive chapters of this volume is that by Dennis on the diseases of the female breast; it occupies seventy-five pages.

No work on surgery would be considered at all complete which did not give an exposition of our present knowledge of the Roentgen or X-rays as applied to surgery. This is done in the work under consideration in a very satisfactory manner by W. W. Keen, in an article of nine pages, and six full page plates, which with the index to the volume and the general index closes the work. The illustrations in this volume are perhaps superior to those in the preceding ones.

We have no hesitancy in saying that the System of Surgery, of which this volume forms the fourth and concluding part, is the most complete and comprehensive exposition of present-day surgery extant. P.

---

*Spencer.*—Do you know of a good skin doctor?

*Ferguson.*—Yes; go to Dr. Sokyer.

*Spencer.*—How do you know that he is a skin doctor?

*Ferguson.*—I got a bill from him last week.—*New York World.*

# FORT WAYNE MEDICAL MAGAZINE.

---

VOL. IV.

OCTOBER, 1896.

NO. 10.

---

## ORIGINAL ARTICLES.

No paper published or to be published elsewhere as original will be accepted in this department.

---

### *CERTAIN MISCONCEPTIONS REGARDING CARDIAC MURMURS AND THEIR INTERPRETATION.*

By ARTHUR R. EDWARDS, A. M., M. D.,

Professor of Therapeutics, Northwestern University Medical School; Attending  
Physician Cook County Hospital; Pathologist to Cook County,  
St. Luke's and Wesley Hospitals, Chicago.

The cardiac murmur is a subject of greatest diagnostic, prognostic and therapeutic importance, regarding which certain authoritative and popular misconceptions prevail. There has always been an inclination to place undue stress upon the mere existence of heart murmurs, to the disregard of other equally or indeed more essential physical findings. Authors, especially of the French school, have been prone to draw broadest inferences from the very loudness and timbre of heart murmurs, a tendency still rife among clinicians and practitioners.

The loudness of a murmur sustains no invariable relation to the severity of the causal lesion. Guttman states the stronger



the murmur the more marked is the underlying pathological alteration, although he admits many exceptions and relies more upon other methods of examination. Dilatation and hypertrophy of a cardiac chamber signify more than a mere murmur of given intensity. I recall an instance of an enormously dilated heart characterized by a very loud, rough murmur, in which, after death, the valves were perfectly smooth. Gradually increasing stenosis and insufficiency frequently present physical conditions under which murmurs disappear. Cardiac examination in the ultimate stage of disordered compensation is often unsatisfactory, as an accurate study cannot then be made. I have observed several cases of aortic regurgitation in which the murmur previously recorded, disappeared some weeks before death. In such cases the diagnosis from myocarditis and kindred affections may be impossible. Valvular murmurs may disappear temporarily during an intercurrent febrile affection or be permanently buried under terminal tachycardia. Loudness bears an important relation to cardiac activity, a fact in which lies a diagnostic suggestion. Loudness may vary from day to day, and intensity alone does not influence prognosis, as a fainter murmur can signalize heart failure.

Sahli states that standing or sitting intensifies murmurs that are weak in the prone position, while Eichhorst describes endocardial murmurs as becoming weaker or disappearing on standing. I have never been able to demonstrate any constancy between intensity and any single position, although Eichhorst's practice of examining patients in different positions obviates many errors.

French writers have said much regarding the timbre of cardiac murmurs, and have dogmatized that their acoustic characters determined sclerosis, calcification, or the degree of lesion. Eichhorst deprecates such generalization, and denies their diagnostic value. Rough, smooth, blowing or sawing murmurs depend on purely physical conditions of the valves and blood-current.

Particular importance is attached to musical murmurs and

those that may be heard at a distance. Aortic and mitral lesions have produced musical murmurs. At autopsies are found perforation of the semi-lunar valves (Schrotter), abnormal chordae tendinae across the ventricle (v. Drosda), torn papillary muscles, or relative aortic regurgitation (Groedel), but often no cause is found. Murmurs par distance, heard by the patient himself or those around him, are musical, singing, or squeaking, and are observed in aortic stenosis (Stokes, Ebstein) and aortic regurgitation, but are sometimes accidental (Ebstein, Eichhorst). During the last year I attended a physician with great cardiac dilatation of arterio-sclerotic origin, in whom a relative mitral regurgitant murmur could be heard from the foot of the bed. It disappeared when rest removed the dilatation. Timbre has, however, a relative significance. Hard, calcified, rough valves often produce rough murmurs as do also torn chordae tendinae, and loosened valves. Aortic regurgitant bruits are soft and blowing, while those of aortic stenosis are harsh and sawing. In mitral leakage the murmurs are loud but short, and in mitral stenosis, faint, rolling, or rippling.

One of the most important cardiac bruits is the "accidental" murmur, also known as inorganic, accessory, adventitious functional, hemic, or anemic. Sahli properly objects to calling accidental murmurs inorganic or functional, as they may depend upon functional valvular disturbance; and, beside, not all accidental murmurs rest upon an anatomic basis. He rejects the term anemic, as accidental murmurs may occur from valvular insufficiency even in chlorosis and anemia; and, again, not all accidental murmurs are anemic. The division of murmurs as follows is proposed: 1. Valvular. 2. Functional. 3. Accidental.

We can only speculate as to the pathogenesis of accidental murmurs. There are theories innumerable, but that advocated by Sahli seems most applicable, that the rapidity of the cardiac contraction explains the murmur. In acute anemia as from haemorrhage, the resistance to the systole is reduced, and accidental murmurs intervene. In chronic anemia the quality of the blood is altered, and thereby the resistance to the systole is



reduced, with consequent acceleration and with accidental murmur. Cohnheim has produced a cervical venous hum by artificial hydremia.

The differential diagnosis of accidental murmurs is often difficult. Many sweeping statements have been made and criteria established whose unreliability has, in my experience, been conclusively true.

The etiologic differentiation. Accidental murmurs may occur in health. Scoda found them in acute rheumatism, pregnancy, puerperal disease, carcinoma, typhoid fever, small pox, and anemia. (Percussion, S. 212) They are found in fevers, anemia, cachexia, and in inanition from whatever cause. Whatever lowers blood pressure, releases the arteries and increases the heart's action may produce accidental murmurs.

Groedel affirms that the diagnosis is easy when there is a concomitant venous hum, which, according to Filatow, accompanies "anemic" bruits. Walshe cannot remember an instance of organic heart disease associated with an anemic bruit de diable. Rheumatism may argue for valvular disease. These laws assist in certain instances, but, like all statements that are not absolutely true, fail when infallibility is most imperative. For example, in a case without previous history, with high and somewhat irregular temperature, rapid pulse, diffuse furunculosis, delirium, involuntary evacuations, a dilated left heart, a loud, harsh, mitral murmur, no roseolae, no diarrhea, no tympany, and no splenic tumor, the diagnosis lay between a late typhoid with an accidental murmur and septico-pyæmia with cardiac localization. The lack of alteration in the left ventricle turned the scale in favor of typhoid, and the diagnosis was established at the autopsy.

For the same reason the case of a Chinaman with a parotid abscess, meningeal symptoms, high temperature, and a loud, blowing apical systolic bruit, was diagnosticated sepsis without valvular involvements and was confirmed after death.

Not every murmur observed in anemic patients is inorganic. Many are relative, valvular insufficiencies, Vierordt recounts two

cases of pernicious anemia in which the diagnosis oscillated between organic and inorganic murmurs, with final decision in favor of their functional origin. The autopsy, however, revealed endocarditis and very slight ventricular hypertrophy, the diagnostician having been baffled by concomitant emphysema. Valvular heart disease may produce a profound, secondary anemia, a confusing point never mentioned in this connection by diagrammatic physical diagnosticians.

Physical examinations of the heart. Only physical examination of the heart by methods other than auscultation can determine the status of a cardiac murmur. In organic cardiac disease are found, hypertrophy, dilatation, loud or accentuated tones, replaced or accompanied by murmurs, and abnormal arterial phenomena, e. g. anomalous sounds, the pulse, capillary pulse, etc. While considerable dilatation may complicate anemia, yet hypertrophy argues for organic change. Dilatation of either or both ventricles in anemia is neither marked nor is it attended by hypertrophy. Leube says that while the second pulmonary sound may be somewhat accentuated in anemia, it is not markedly so, nor is it palpable. In neglecting careful cardiac percussion physicians often err. With reliance upon exhaustive physical examination the diagnosis of heart-disease becomes one of the easiest, most satisfactory, and most accurate.

Systolic and diastolic murmurs. Regarding the cardiac phases of murmurs, the formal teaching prevails that anemic bruits are always systolic. (Finlayson, Flint Guttman, and others.) While they are usually systolic, such dogmatic statements cannot, I believe, maintain. I have observed and reported cases (1) in which anemic diastolic bruits were heard over the large thoracic and abdominal venous trunks, and functional diastolic murmurs were observed in relative aortic regurgitation. Sahli (2) has again reported a similar series. A case of chronic cardiac exhaustion from overwork had recently been in my ward in which was heard an apical presystolic murmur, disappearing under rest, digitalis, and purgation. Fisher (3) cites cases of presystolic murmur dependent upon aortic disease, cardiac dilatation



(concretio cordis cum pericardio), and once upon hypertrophy and dilatation of the right ventricle. The diastolic and presystolic phase per se has been overestimated in the exclusion of inorganic murmurs. I think I may expand Fraentzel's rule that systolic murmurs without other cardiac change do not imply organic disease, and assert that no murmur in itself, whether systolic, diastolic, or presystolic, definitely determines valvular lesion.

Localization. Hemic murmurs are heard mostly over the pulmonary area, but are often propagated to the apex. They occur rarely over the aortic and tricuspid valves. Latent aortic stenosis, without murmur or without ventricular change, may simulate inorganic bruits. Vierordt has found inorganic pulmonary murmurs sometimes quite confusing, especially when widely propagated.

(1) 1 *American Journal of the Medical Sciences*, October 1895

2. *Correspondenz-Blatt Fur. Schweizer Aertze*, June 15th., 1895

3. *Lancet*, March 9th., 1895.

Organic mitral lesions may be heard only over the anatomic seat of the valve at the base of the heart, on account of the retraction of the lung from the enlarged left auricle (Naunyn).

Timbre. In the earliest days of auscultation, Gendrin described inorganic murmurs as blowing, and sharply separated them by this point alone from the harsher organic bruits. Skoda (page 212) expressly disagreed with Gendrin and insisted that no special emphasis could be attached to the character of a bruit. Guttman described accidental murmurs as being always short and blowing. Sahli explicitly stated that a sawing, musical, or blowing murmur is not necessarily—although usually—organic. I have heard numerous very loud and coarse murmurs which were proved accidental by their ultimate clinical course or by post-mortem examination. It is usually affirmed that inorganic are not as loud as organic murmurs (Leube, Sahli and others). The murmurs of valvular disease may become very weak, or pronounced lesions may pass to autopsy without a bruit. Petit characterizes anemic murmurs as superficial, inhalation-like and dependent on respiration.

Fremissement cataire, has been classified as exclusively a sign of organic cardiac disease, a statement to which Eichhorst justly takes exception. V. Bamberger has said that anemic murmurs seldom cover a tone, but rather "hang on to it." Hutchinson's statement that anemic murmurs disappear on lying down has been disproved, although French authors (Petit and Potain) maintain that change of position alters the murmur. This fact can not have differential value, for organic murmurs behave in the same fashion.

Feeble propagation has been long held as typical of accidental murmur, but the same is true of mitral stenosis, and inorganic murmurs may be heard par distance. I have heard two anemic bruits in tuberculous cases in which the murmur was transmitted over the entire chest.

Appropriate therapy may differentiate organic from inorganic murmurs. Chalybeate treatment will often remove the anemic murmur and digitalis frequently correct functional valvular insufficiency. A protracted clinical course will exclude accidental murmurs, which are inherently short lived.

Hochsinger has found that accidental murmurs do not occur before the fourth year; hence murmurs occurring before that age are organic, even though the physical findings do not concur, i. e., are unattended with hypertrophy and dilatation.

Finally, accidental murmurs are diagnosticated only after logical exhaustive exclusion.

Exocardial murmurs demand at least some mention in the consideration of endocardial and accidental murmurs. I have elsewhere (*American Journal of Medical Sciences*, 1895) reviewed the literature of murmurs due to blood currents in the large intra-thoracic, and even the abdominal, venous trunks. These murmurs but seldom receive the attention they merit and may lead to embarrassing errors.

The cardio-respiratory murmur comprises two types. In one the bruit is caused by the heart beating the overlying lung margin against the thoracic wall with each systole, thereby producing a high pitched, superficial, curt, systolic murmur



which is of greatest intensity during expiration, is increased by excitement and is located usually just external to the apex beat in the nipple line, but may also be heard over the pulmonary trunk and in the left interscapular region. It usually disappears when respiration is suspended and when the patient is in the recumbent position.

The second variety of cardio-vascular bruit is due to the rushing of air into the lung contiguous to the heart when the heart contracts. This variety is most intense during inspiration and its character is jerky and short and is systolic in point of time, ceasing when respiration is suspended.

Careful physical examination should readily prevent confusion with accidental murmurs heard when the heart is displaced by adhesion, exudate, or subphrenic accumulations of gas or fluid and solid enlargements. The murmurs of pericarditis aneurysms and aortic atheroma are readily differentiated from the bruits under consideration.

---

### *CAPITAL OPERATIONS IN COUNTRY PRACTICE.*

By DR. NORMAL TEAL,

Kendallville, Ind.

The greatest enemy of mankind is the incompetent physician; and he is incompetent who is not equal to his environments. That is to say, the practitioner who is not equal to any emergent case that may fall into his care is an enemy to the locality he lives in. This much is said with blunt directness, but must not be taken as personal in any sense whatever. It is spoken with regard to the medical profession as a whole, to the young, the old, the low, the high, the poor, the rich, to those who ring the silver bells in cities, and to those who lift the latch of the cabin with leathern thong in remotest country regions. And let it be borne in mind that upon the latter rests far greater responsibilities than upon any other. The country doctor must necessarily be

his own counsel and support. God pity him and his patients if he be incompetent and weak.

A word of explanation before we proceed: Having said, or intimated that every practitioner should be equal to his environments, it is proper to add that by this expression is meant, every one must be prepared to cope with any emergent case that may fall to his care, either alone or with the aid of others that may be within easy reach, and failing to be himself fully equipped or to be in touch with others and the means of fully meeting all demands he is negligent if not really criminal. Results may determine whether or not he really amounts to the latter. By equipment we do not mean the trappings of the office nor the glittering array of instruments in the case, but the filling of the head and heart. A jack-knife, even in clumsy hands, if guided by wisdom is a safer and better instrument than is the most polished cutting instrument in the hands of him who has digital skill only. But it is freely admitted that the well stored head, the skilled hand and the polished instrument is the more desirable combination.

To say these reflections are but grumblings of the fogysm of the dark past would be a denial of the facts of history—history made brighter and clearer by the light of the present.

Ten or fifteen years ago, at a meeting of the State Society in Indianapolis, old Doctor Baker arose to give testimony of the first Caearean section made in this state. He had done the operation many years before in a lonely backwoods cabin, with no skilled professor at his side, and no precedent of personal observation in his mind. His cutting instrument had been a common knife and doubtless he had not used any fancy aseptic soap nor employed such aseptics and antiseptics as any of the present day would be severely and justly criticised for not using; though it would be unjust to assume his hands and instruments were not cleansed with availables of the cabin. The life of a mother and that of her child had been saved, and the old man was recognized as a heroin the midst of hundreds of his professional brethren, not so much for his deed as



for the performance of it under adverse circumstances. He was not of polished personal appearance, nor did his language mark him as a scholar. He was simply a man of brain and thought, one who had evidently been well grounded in the fundamentals of the profession, one who knowing his duty courageously performed it,—one who was equal to the emergency. He was a country doctor who had well and faithfully performed a capital operation in country practice. He was in advance of his confreres, whether they were in city or country locations, and it may be said for him that he was not so seriously at fault in that he was not better prepared with implements and medicaments, as would be any practitioner of the present time if found with like meagre preparation.

And you will all bear me witness that no contrition is herein made for adherence to the primitive methods and conditions intimated in the history of Dr. Baker's case. On the contrary all agree that no man in this year 1896 would be justified in operating under the dim light of half a century ago.

The purpose of this paper is to show the possibilities and the duties of the practitioner of the present be he situated wherever he may. And also to emphasize the fact that every practitioner should be able to stand alone in most cases, and especially in emergencies, and that upon the country doctor this obligation is the more binding because he cannot so readily obtain the aid of others as can the city practitioner.

If an inferior must practice let him go to the city. He will not only do better there for himself, but is less likely to harm his patients. And then, too, the quack and the weakling is less in the public eye in city than in country.

By the way, the gossips of the country are the most harmful antagonisms of the profession. Exclude them from the sick room, or forbid their presence at an operation and their imaginary reports are generally apocryphal if not spectral. Admit them and their pretended true reports are too often grossly false.

But enough, even too much, of this speculative preachment.

Physicians are usually practical, and we will now turn to the practical propositions of this paper; Capital Operations in Country Practice.

Can an abdominal section be as safely ventured in the ordinary country home as in the well appointed hospital? Yes. Can a joint be as safely invaded and thereafter treated in the home as in the hospital? Yes. Can operations for hernia, amputations, removals of bone, etc., etc., be as safely undertaken and as successfully treated at the home as at some distant hospital? Yes.

Yes, all capital operations, to say nothing of minors, can be as safely made and the after treatment as successfully rendered at the ordinary home as in the ordinary hospital, because the requisite aseptic and antiseptic measures can be as completely established and as thoroughly maintained in the one as in the other.

It is a matter of clean surroundings, clean hands, clean instruments and a clean field of operation. No practitioner of this day needs any reminder either as to the details required in bringing about or the necessity for such conditions.

But some may say the home room can not be made clean and put in proper condition for treatment of patients requiring abdominal sections. To such it is sufficient to say, personal experience and observation, as well as the experience and observations of others, are convincing of the fact that the home is the ideal place for treatment of such cases.

Yes, the home is even the better place! Here the silent, relentless destroyer, nostalgia, can not come. In the hospital his grim spectre too often hovers over the patient, always with bad and sometimes fatal effect.

The life of many a brave soldier has been borne down and out by homesickness. And many a one has escaped from hospitals and rushed into battle to break its spell. The hospital is the culture-field of nostalgia. There is no cure for this disease but home; and the same specific is the only preventive.

It follows, then, that the faithful practitioner should insist



upon home treatment, and that he should particularly advise against the gloom of the hospital.

This is intended mainly to apply to those cases requiring radical treatment, especially operative.

The patient who can enjoy visiting, traveling, sight-seeing, "shopping" and the like may well go and come at pleasure. A trip from home is often the panacea for such, and quite as often affords relief to the weary dispenser of futile drugs.

And the patient without a home, and the one whose home is but a mockery, a mere den of dirt and stench, should find an abiding rest in the hospital. In fact the hospital should be reserved for the homeless and destitute.

But every physician owes it to himself, to his patient and to his neighboring professional associates to advise against the hospital in all cases where a comfortable home can be had.

The physician who hies his cases off to the city not only confesses his own weakness, but reflects discredit upon his neighbors, and takes from his own community money that should be therein employed. He that discredits his own household, his neighbors and the community in which he lives, is an unworthy citizen, an offense in the sight of God.

---

### *COUNTY HOSPITALS.*

BY E. W. KNEPPER,

Ligonier, Ind.

Probably every experienced practitioner of our "matchless profession" has often felt the need of hospital advantages, or facilities for the proper care and treatment of quite a large class of patients, which, without some form of restraint and special care and nursing, cannot receive that attention which is warranted and demanded in this progressive age.

I do not doubt that all have at times felt the need of such service and will hail with delight the day when good hospital service is within the reach of every family in the state. But

the feasibility of an undertaking, looking to the establishing of a hospital in every county in the state, "not already provided for," might, with "propriety," be considered altogether too visionary. And yet, we venture for the moment to disregard the ancient idea that hospital service can be had in large cities and in such only.

We need not recount the difficulties and obstacles that heretofore have deprived so large a per cent. of the people in the rural districts of hospital advantages, as well as many other blessings and comforts in the past; but let us look around and ask ourselves if the situation or conditions have changed since those early days, and if so, have the changes been of such character as to be conducive to the establishment of this service in the country.

It would seem that with the facilities for rapid transit, such as the railroads and the trolly, with excellent public highways and the bicycle, aided by good mail service, the telegraph and the telephone, would make it possible to give a reasonable service to all the people of the county, since it would require but a few hours with good ambulance service to transport patients from any part of the county to the hospital. Suitable buildings could be erected by the county and near the center of the same, perhaps upon the county farm, and these should be supported and maintained by the county "for the people of the county." But you may ask, would there be business enough to justify the county in keeping it up? The answer is, that small cities of from ten to twenty thousand inhabitants maintain them, and why not a county like Noble, with her 30,000 or more people. It may be true that at first the people hesitate somewhat in bestowing aid or patronage, but after observing the advantage and utility, the question would no longer be in point.

It will not be denied that the necessity for such a service exists to-day much more than ever before, and this comes from several reasons; one is, that as the people become more enlightened and refined they expect more than ever before a



better and more skillful service at the hands of the profession. People are not slow in learning of the great progress that is being made by the profession throughout the world, and neither will they be slow in seeking the best service to be had. This is clearly seen in the disposition already so prevalent to go to the city in search of relief from affliction not promptly obtained at home, and thus the home practitioner loses not only the experience and observation so necessary to skillful work, but also loses the fees he so much needs. Nor is the physician of the rural districts to blame, for he finds himself compassed with difficulty on all sides which a hospital service alone can remove. You no doubt have noticed how many of the more recent measures and methods adopted or used by the "Leaders," both in treatment of disease and in surgery are practically out of the question in a country practice. And while it is not our intention in this paper to particularize, we may be excused for speaking briefly of a class of cases that are now being brought to the attention of the physician which heretofore received but little notice from him, but that much can and ought to be done for a class. Such are the alcohol disease or habit, also opium, chloral, and cocaine habit. Then there are the contagious diseases, such as tuberculosis and all the class that require isolation for protection to prevent spread of the disease. How may all these receive proper treatment and care outside of a hospital?

And as to surgery, is it not a fact that the disposition to go to the city for all kinds of special work is growing among the people, and if this continues will not the surgeon of the town and country be left to display his skill upon emergency cases alone?

This condition of affairs seems rather discouraging to the profession, viewed from the educational, scientific or financial stand-point.

The medical profession is looked upon more and more as the years roll by, as the guardian of the welfare of the people, not alone in sickness but in health, and as to the best means of pre-

serving the latter and avoiding the former, his opinion and advice is almost hourly sought. And for reliable information upon these very important questions, where may we go if not to the physician.

Now, if the foregoing statements are true, we, as a profession, are called upon to meet the more exacting demands upon us, that follow in the wake of the progress already alluded to, and it is a plain duty we owe the public to provide the best facilities possible to aid us in the work, and if it be a hospital let us ascertain if it cannot be had, and if it be something else let us call it to our aid. It is clear to my mind that the practitioners of the country towns and small cities should do all in their power to secure the full confidence of the people, and as before stated, call to their aid every measure possible to enable them to employ the best means at all times, and thus elevate the standard and high character of the country profession by affording a more acceptable service.

It will be understood, of course, that no unbecoming attempts at rivalry with our more fortunate city brethren is contemplated, for we love them and hold them in the highest esteem, and we must be ingrates indeed did we not recognize and acknowledge their universal kindness, assistance and professional courtesy. Only a common regard for the first law in nature and a more perfect discharge of professional duty, prompts these remarks.

---

## SOCIETY PROCEEDINGS.

---

### UPPER MAUMEE VALLEY MEDICAL ASSOCIATION.

The second meeting of the Upper Maumee Valley Medical Association was held at Winona Park, near Warsaw, Indiana, on Tuesday, September 8th. The attendance was unusually large, and the members were most royally entertained by the Winona Park authorities and the Kosciusko County Medical Society.



The mayor of Warsaw delivered a most pleasing address of welcome, which was responded to by the president, Dr. C. B. Stemen. The manager of Winona Park welcomed the guests in behalf of the assembly, and after outlining the aims and objects of the association, informed the society that it would be the pleasure of the authorities of Winona Park to welcome medical societies, and in particular the Upper Maumee Valley Medical Association, at any time that they should choose to select the park as a place of meeting.

Dr. Mary A. Whery presented a paper entitled "An Improved Vaginal Tampon," in which she highly recommended the use of wood wool as being the best and most satisfactory material for making vaginal tampons. "Every physician who has used a cotton tampon has found that the surface becomes felted, so that the penetration of fluid into the interior of the mass is restricted. Wood wool readily absorbs any fluids brought in contact with it and continues to absorb them until the mass is completely saturated. The material is naturally somewhat aseptic, owing to the presence of resins, and is cleanly. If so desired it can be medicated with boracic acid or other drugs. The most important advantage of the wood wool tampon over the cotton tampon is that the former does not lose its shape nor shrink into a small mass after having been retained in the vagina for a few hours. The wood wool tampon retains its original dimensions and shape and therefore keeps its position in relation to the cervix. The manufacturers have even supplied the tampons already made and ready for use, and these, aside from the features named, for cheapness compare favorably with those made from cotton or any other material."

The essayist also recommended wood wool as an obstetric pad, and mentioned the fact that the manufacturers were also making wood wool diapers which are coming largely into use as a cheap and cleanly covering for infants, and bandages or pads to be worn by women when menstruating, both diapers and menstruation pads to be burned when soiled.

Dr. K. K. Wheelock presented a paper upon "Sympathetic Ophthalmia" in which he described the causes, symptoms and treatment of this disastrous trouble. "Among the most likely causes of sympathetic inflammation is the irritation produced by a punctured wound of the eye ball, especially a wound involving the ciliary body. The presence of foreign bodies within the interior of the eye, or other traumatisms which injure or irritate the ciliary region are fruitful sources from which arise sympathetic inflammation. In such cases the injured eye is considered as the "exciting eye," while the secondarily affected eye, or the one in which occurs the sympathetic inflammation, is called the "sympathetic eye." This sympathetic inflammation is most likely to occur between the second and sixth weeks following the injury, but may occur at any time in the future, even after the lapse of many years." As an illustration of the length of time that may sometimes elapse before sympathetic inflammation begins, Dr. Wheelock presented before the society an enucleated eye containing a piece of steel which had pierced the tunics and lodged in the retina, resulting in the development of a sympathetic inflammation in the fellow eye, seven or eight years after the accident. Enucleation of the exciting eye caused a disappearance of the inflammation in the fellow eye, clearly proving that the cause must have been the piece of steel which had entered the eye seven years before. As treatment for sympathetic inflammation the doctor recommended enucleation as the only satisfactory procedure.

Dr. G. W. McCaskey read a preliminary report of a tumor in the pons region of the brain, exhibiting the tumor and photographs of the brain and tumor in situ. The tumor developed from the dura and was of a very large size, pressing its way in towards the medulla and crowding the latter to the opposite side to a remarkable degree. The clinical history indicated a period of development covering at least five or six years. The case with results of histological examination will be reported on a future occasion.

Dr. Albert E. Bulson, Jr. read a paper on "The Differential



Diagnosis and Treatment of Iritis." The essayist stated that iritis may be confounded with acute glaucoma, sympathetic inflammation, conjunctivitis, keratitis, and episcleritis. The characteristic signs and symptoms of iritis were given, and attention drawn to the difference between these signs and symptoms and the well marked signs and symptoms of the diseases with which iritis may be confounded. The paper concluded with remarks upon the difference between plastic and serious iritis and the treatment of each. As treatment for the plastic form of iritis, atropine in solutions of two to eight grains to the ounce were recommended as of first importance, together with hot fomentations which are particularly useful in controlling pain and limiting congestion. Syphilis being rated as the cause of sixty to seventy per cent. of the cases of iritis, anti-syphilitic treatment was recommended as the best constitutional treatment. As treatment for serious iritis the use of atropine was discouraged, except when the drug is used with the utmost caution. Hot fomentations were recommended, and the internal administration of remedies to control any constitutional trouble. The essayist claimed to have had much success in the treatment of serious iritis by administering pilocarpine, which in most cases was alternated or combined with the administration of potassium iodide.

Dr. Proegler read a paper on "Gonorrhoea in its Relation to Marriage," in which he quoted statistics to show the prevalence of gonorrhoea among the male population, and also the percentage of women who contracted latent gonorrhoea from their husbands whose infection ante-dated the marriage. Out of one hundred women who marry men who have had gonorrhoea, ninety become infected. The infection is not acute however, but is sufficient in many cases to render the woman sterile or produce ophthalmia neonatorum in the child. He reasons that men should not regard themselves as cured simply because the discharge stops, and that the only absolute method of ascertaining complete cure is by staining the secretion of the urethra for

gonococci. "Gonorrhoea is the only infectious catarrh of the female sexual organs. No other secretion of whatever nature will produce gonorrhoea in the male urethra, neither carcinoma, menstrual discharge, profuse secretion from any cause, nor the thick white secretion of vaginitis desquamation of pregnant women suffice to do it." The contagium proper is the coccus of Neiser. A secretion in which it is found is capable of transmitting infection. Without gonococci, no gonorrhoea. It is only when these germs are found absent after repeated examination that a person can be allowed to marry.

Dr. Miles F. Porter, of Fort Wayne, Ind., read a paper upon the subject of "Ectopic Pregnancy" in which he reported six cases. He concludes that in cases where rupture occurs early the greater danger is from sepsis and not hemorrhage. He prefers vaginal puncture and drainage in old cases of early rupture, and in all other cases advises operation by the abdominal route.

Dr. C. N. Smith, of Toledo, Ohio, read the report of a Case of Obstruction of the Bowels, by Meckel's diverticulum which was relieved by operation, and made some general remarks upon the subject.

Dr. C. D. Goodrich read a paper upon "Quacks and Quackery" in which he scored those members of the regular profession who criticize the methods employed by the recognized "quacks," when these same members of the regular profession, often occupying prominent positions in medical societies, employ methods that are fully as objectionable and savor as much of quackery. He contended that there were even more quacks in the medical societies of the regular profession than out of them, and that in practicing quackery under cover they were more to be criticized than he who practices quackery openly and acknowledges his position.

After the presentation of the afternoon's program, the members of the society were treated to a boat ride on the park steamer, and later in the evening were entertained in the city of



Warsaw by the resident members of the Kosciusko Medical Society.

At this, the first annual meeting, a constitution and by-laws were adopted, and the following officers were elected to serve for the ensuing year:

President, G. W. McCaskey.	Secretary, K. K. Wheelock.
First Vice-President, C. S. Williams.	Treasurer, H. A. Duemling.
Second Vice-President, C. B. Reid.	

#### BOARD OF CENSORS.

J. K. Woods.	G. W. McCaskey.	T. J. Shackelford.
J. W. Cartwright.		Vesta M. Swarts.

#### EXECUTIVE COMMITTEE.

J. K. Woods.	Norman Teal.	L. H. Cook.
S. D. Beaver.	F. M. Hines.	Alice B. Williams.
G. B. Hoopingarner.	W. F. Carson.	C. E. Slocum.
C. W. Burkett.	J. L. Slager.	C. B. Reid.
H. D. Wood.		J. U. Rigs.

#### FINANCE COMMITTEE.

W. O. Gross.	H. A. Duemling.	M. F. Porter.
--------------	-----------------	---------------

#### COMMITTEE ON ARRANGEMENTS.

Albert E. Bulson, Jr.	George C. Stemen.	Budd Van Sweringen.
-----------------------	-------------------	---------------------

The next regular meeting will be held in the City Hall, in the city of Fort Wayne, on the second Tuesday in March.

---

#### SIMILIA SIMILIBUS CURANTUR

They found a man who, drugged  
 And robbed, was suffering pain,  
 They called a doctor and the man  
 Was drugged and robbed again.

—*Detroit Tribune.*

# Fort Wayne Medical Magazine.

---

VOL. IV.

OCTOBER.

NO. 10.

---

## EDITORIAL STAFF:

ALBERT E. BULSON, JR., B. S., M. D., MANAGING EDITOR,  
19, 20, 21 Pixley-Long Building.

MILES F. PORTER, A. M., M. D.,  
47 West Wayne Street.

GEORGE W. MCCASKEY, A. M., M. D.,  
107 West Main Street.

BUDD VAN SWERINGEN, M. D.,  
26 West Wayne Street.

FRED J. HODGES, B. S., M. D.  
Anderson, Indiana.

---

A Journal of Medicine and Surgery, Published between the 1st and 10th of every month. Price, \$1.00 per Year, Postage Paid.

This Journal is devoted entirely to the advancement of medical science. Essays, Clinical Reports and Personal Communications of a medical nature are solicited. All Contributors are responsible for their own utterances.

All Communications, Subscriptions and Books for Review should be addressed to the Editor of THE FORT WAYNE MEDICAL MAGAZINE, 21 Pixley-Long Block, Fort Wayne, Indiana.

---

## EDITORIALS.

---

### TO PREVENT THE SPREAD OF TUBERCULOSIS IN THE CITY OF FORT WAYNE.

The following letter has been addressed to every physician practicing in the city of Fort Wayne :

FORT WAYNE, IND., Sept. 30, 1896.

DEAR DOCTOR :—You are aware that tuberculosis is strictly a contagious disease, and can be prevented, providing the proper sanitary regulations be adopted. Therefore, after September 30, 1896, the Board of Public Health, in the interest of the public safety, demands that all cases of pulmonary tuberculosis (consumption) occurring in your practice be reported to this



office, whereupon a circular of instruction will be sent to the family, or those in charge of such patients, with the object of lessening and preventing the spread of this dire complaint.

Whenever the diagnosis as to the existence of the disease is in doubt, you are most respectfully requested to submit to the bacteriologist of this department the sputum of such cases for a bacteriological test, which will be made free of charge. The report of this examination will be telephoned you.

Yours most respectfully,

CARL SCHILLING, M. D.,

A. J. KESLER, M. D.,

J. E. MILLER, M. D.,

Board of Health.

We heartily endorse this action of the city Board of Health and trust the order will be enforced to the letter. Every practicing physician in the city should give the Board of Health support in carrying out such an action, and we believe that the people will appreciate such a move when it is understood that public safety demands that measures be adopted to restrict the advancement of a disease which has been clearly proven to be contagious in its character, and which yearly numbers thousands as its victims,

The spread of many diseases can be prevented providing proper sanitary regulations are adopted, and now that the authorities have begun so well, why not continue the good work by getting up a series of bulletins which shall cover all the contagious and infectious diseases, such bulletins to contain practical information regarding the cause of such disease, the manner of its development or spread, and the sanitary regulations which should be adopted to stamp out the disease or limit its advancement. Thus, when a case of diphtheria is reported a "diphtheria bulletin," containing practical information regarding the disease, should be sent to the infected household and to all the immediate neighbors. By this means the people will learn how the disease begins, what favors its development, what precautions must

be taken to prevent its spread, and what sanitary regulations favor its treatment and cure. Just at the present time a typhoid fever bulletin would be valuable, and a diphtheria bulletin would prove most valuable of all.

The Michigan State Board of Health has for several years been doing work in the manner outlined, and the results have been so gratifying that each year several thousand dollars are set aside for the purpose of printing and distributing bulletins. The Indiana State Board of Health cannot be depended upon to do such work, owing to the insignificant sum of money set aside by the legislature for the Board's use; but the city of Fort Wayne can take the initiative step with very little additional expense and with incalculable benefit to the city's welfare. Why not inaugurate such a policy as an addition to the splendid work the Board is now doing? B.

---

#### APPENDICITIS AS IT AFFECTS LIFE INSURANCE RISKS.

A most excellent paper upon the above subject from the pen of Dr. Albert Wood, of Worcester, Medical Director of the State Mutual Life Insurance Company, appeared in the *Medical Record* of Aug. 22, 1896.

The subject is of such great importance both to life insurance companies and to those wishing life insurance, who may have had one or more attacks of appendicitis, that we give the conclusions reached by the writer after an extended inquiry into the subject.

1. Cases of primary attacks of non-suppurative appendicitis in which the appendix was not removed, should be accepted as reasonably safe risks after two years.

2. Primary non-suppurative cases with the appendix excised should be insurable after one year.

3. Suppurative cases in which the appendix has been extirpated, or in which it can be clearly proven that it has sloughed entirely away are insurable after one year.



4. Suppurative cases in which the abscess was opened and drained, the appendix not being removed, should be considered safe risks after two years.

5. Chronic relapsing and recurring cases. No definite rule is given to govern these cases, but after five years have elapsed without an attack the writer thinks the risk may be considered fair.

6. Cases which have recovered from general peritonitis, with or without operation, the appendix having been removed or not, may be regarded as eligible risks after one year if the appendix has been removed, and after three years if it has not been removed.

7. Cases of hernia following an operation should be classified with other kinds of hernia, and if the risk is accepted the applicant should be required to wear a suitable truss.

P.

---

### SHALL THERE BE A THREE DAY'S SESSION OF THE STATE MEDICAL SOCIETY ?

The open letter to the members of the State Medical Society by the chairman of the committee on arrangements, published herewith, regarding the advisability of holding a three day's session of the Society at Terre Haute next year, is worthy of consideration by every physician who has the interests of the society at heart. We have always favored a three day's session of the State Society, and therefore are willing to endorse the sentiments expressed in the letter.

The State Society should be *the* society of the state, and there is no reason why three days can not be profitably taken up with its work. Heretofore the reading of papers has been hurried and the discussions limited in order to complete the program in the time allotted, and at the last two sessions this feature has been particularly noted. We believe that every paper should receive the discussion that it merits and that suffi-

cient time be granted for such discussion. We believe also that instead of lengthening the program to correspond with the increased time of the session, the extra time should be given the members for recreation and pleasure, for it must be understood that for many of the members of the society the little outing taken at the time of the meeting of the State Society is the only recreation of the year, and at such times these members will appreciate a little diversity.

We sincerely hope that a majority of the members will favor a three day's session, and that next year we will have the pleasure of remaining with our Terre Haute friends long enough to not only get all the good that is to be obtained from the meeting, but have sufficient time to become better acquainted with the various members of the society, and opportunity to look round the city of Terre Haute.

The following is the letter from the chairman of the committee on arrangements :

TERRE HAUTE, IND., Sept. 9, 1896.

*To the Members of the Indiana State Medical Society:*

Your Committee on Arrangements desire to ascertain the opinion of the members of the society upon the advisability of having a three day's session at the Terre Haute meeting next year, and take this as one means to that end. Your personal opinions and advice upon this important step are earnestly requested in a communication to the undersigned. Formerly it was the custom to have a three day's session, but of late years it has been reduced to two, which in the opinion of many has worked a detriment to the society. Nearly all the other States have a three day's session the work of which is full and complete.

Surely we have within the borders of our own State the scientific ability and executive energy to place the Indiana Society in the front ranks of medical progress. Let us see that this is done.



The love of association and the desire for companionship, not of a heterogeneous but of a kindred nature, strong in the hearts of all, are, by virtue of the education and sympathy peculiar to the environment of the physician eminently a part of his social life, and the annual bringing together of the members of the profession in the state where old acquaintances may be renewed and new friendships acquired, will have many pleasant recollections as the evening shadows gradually lessen the field of enjoyment. This feature of the meeting cannot be considered when the work of the society must be done under the gavel and the president compelled to call time on the speaker.

Another result of this is that many valuable papers are not contributed. The authors preferring to present them before some society where plenty of time is given for reading and discussion. This would appear to be the nucleus for the formation of many District Societies. These are pleasant, of a high professional standard and their work cannot be too highly commended, but in view of this the State Society should be aroused to a realization of the situation, and the demands of the time in order that the lesser may not overshadow the greater. Then there are those who have papers placed on the program but do not attend the meeting, knowing from recent experience that they cannot present the paper especially when assigned for the afternoon of the second day.

The foundation of our State Society is the different county societies, and its safety and prosperity depends very materially upon the interest manifested and the work done by each one of them during the year. No one can properly estimate the benefits derived from the regular attendance of and participation in the work of a county society. No difference what the ability of the different members may be, some one will be sure to advance some thought that has never occurred to you, and which you may elaborate or apply to practice with benefit to both your patient and yourself. Interest created in the County society necessarily extends to the State society. If the work of each society for the year could be condensed in a report, such as the number of

papers actually read, title, by whom, etc., and made a part of the report of the State society and published in the transactions under the head of the respective societies, it seems to the writer would act as an incentive to increase the work of the individual members. Each would desire to have their society make a creditable showing, and would put forth greater effort in that direction. It would also be a public record of the transactions of each society, and a fair index to the workers throughout the State.

The consequence of this would be that many more good papers would come to the State society and certainly insure enough to occupy a three days session.

The morning of the first day is usually taken up as an executive session.

The evening of the first day could be devoted to hearing the President's address and such social features as the profession may provide at the place of meeting.

The evening of the second day could be occupied and the society charmingly entertained by a paper on State medicine by some distinguished member of the profession, present by invitation as a guest of the society, and a paper on Medical Jurisprudence by some noted Jurist of the State. These would be very valuable papers to publish in the Transactions. Upon the subject of Medical Jurisprudence the profession as a whole are very deficient even in its rudimentary principles, and a wholesome lecture on this subject would be very beneficial. The lessons taken in this department are usually in the school of experience for which in the end the savings of a lifetime are often exhausted.

The great majority of physicians think they can not leave home for a day lest their business suffer at the hands of a rival. In a few cases this is eminently true, but though some do go off after strange Gods, which after all may only be Pagan, the great majority of his patrons will appreciate their physician more as they realize that he is working not only for his own, but for their good also.



To this brief outline much more could be added, but the above is sufficient to direct the attention of the profession to the subject.

The committee will be pleased to receive a personal letter from every member of the society in order that sufficient evidence may be obtained from which to judge of the will of the profession in reference to a three days meeting next year.

In conclusion I desire to say that the profession and citizens of Terre Haute extend a hearty welcome to the profession of the State and hope that every member of the society, and many new ones, will make the occasion a time to visit the Prairie City, and thus combine professional zeal with personal pleasure.

Very Truly Yours,

E. L. LARKINS,

Chairman Com. on Arrangements.

---

## MEDICAL REVIEWS.

---

### DEPARTMENT OF MEDICINE, THERAPEUTICS, NERVOUS AND MENTAL DISEASES.

---

BY G. W. MCCASKEY, A. M., M. D.

Professor of Nervous and Mental Diseases and Clinical Medicine in the Fort Wayne College of Medicine, Fort Wayne, Ind.; Secretary of the Upper Maumee Valley Medical Association.

**INFANT FEEDING—THE ANTI-DYSCRASIC ACTION OF COW'S MILK.**—In a paper with the above title, written for the St. Paul meeting of the Mississippi Valley Medical Association, Dr. M. F. Cupp, of Edinburg, Ind., first endeavors to show the relation between the present artificial modes of living and the involution of the human body as it bears upon the welfare of

coming generations. He declares a large proportion of women unfit for nursing their children, directing attention to the close relation between constitutional weakness and poor milk. The cultivation of the mind regardless of the deleterious influence on the body is condemned, and it is predicted that, under present methods, the next five hundred years will witness a profound change for the worse. He advocated cow's milk modified as per Meigs' formula, sterilized and fed with discretion. His attention was first called to the importance of cow's milk for puny infants by observations made prior to 1885. He found that even children born of tuberculous parents would thrive amazingly on this food, outstripping older children of same parents both physically and mentally. Since then he has witnessed its beneficial effects in a large number of instances, and in all cases there was a singular freedom from dyscrasic states of the system. One marked mental characteristic has been a peculiar liveliness of disposition with unusual intellectual brightness. There has been, moreover, an entire absence of fatalities that could be referred to the artificial method of feeding.

---

**THERAPEUTICAL TREATMENT OF PERSISTENT HEADACHES.**—M. Gaillard, at the Academie de Medicine, spoke of the treatment of persistent headaches in patients not neurasthenic. He distinguishes these from those occurring in neurasthenic cases and from migraine by two characteristics: First, their continuousness; second, their resistance to most of the ordinary medicaments. It becomes necessary until some pathologic rule can be established which will give us a specific treatment for every kind of head pain, to have recourse to empiricism. The author has succeeded in curing a certain number of such cases by the use of calomel, ten centigrammes a day for six days, watching of course against stomatitis and diarrhoea. Should the first treatment in this manner not be successful, after some weeks it is repeated. M. Gaillard finds with a certain proportion of cases that it is successful. Very possibly any other active cholagogue would serve equally well.—*La Med. Mod.*, Feb. 26, 1896.

---

**INCESSANT VOMITING TREATED BY FARADIZATION OF THE PNEUMOGASTRIC NERVES.**—Dr. C. Bonnefin (*La France Med.*, Sept. 20, 1895) has been employing this treatment since 1859, and claims that it is the method par excellence, for incessant nervous vomiting, there being no danger connected with it. The only inconvenience is that it requires patience on the physician's part and a sure hand. Incessant vomiting during pregnancy may also be stopped by faradization, so that premature confinement may be



superfluous in future to save the life of the mother by sacrificing the child. The results of galvanization in the same cases are also excellent, but its use may cause serious consequences if not employed with prudence. The patient is treated by applying the electrodes of a rapidly interrupted induction current to the neck over the pneumogastric nerves before or after meals; or one electrode over the epigastrium and the other on the neck; this must be continued for one-quarter to two hours, that is until the desire to vomit ceases. The strength of the current must be medium and not painful to patients.

---

**SERUM INJECTIONS IN ARTICULAR RHEUMATISM.**—Ten cases of acute articular rheumatism were treated (J. Weiss, in *Centbl. of win. Med.*, 1896, No. 17, and *American Med. Surg. Bul.*) with serum injections (twenty-two in all). The serum was obtained by venesection from individuals who a short time before had suffered from acute articular rheumatism. The reactions differed not only in each case but also after each injection. Specific therapeutic effects cannot be attributed to this form of serum therapy. The existing articular affections were favorably influenced in nine instances, in five instances subsidence did not occur until the second day after the injection. In six cases absolutely no effect upon the process was noted, and in three the disease advanced to other and previously healthy joints. In several cases of the first and second category, the temperature fell 1 to 1.5° c.; in the remaining cases the fever was uninfluenced. The amount of serum injected varied from six to ten gme. The author believes therefore, that the effects accompanying the serum injections are not specific but general, such as are observed in connection with many other substances, especially the preparations of albumoses.

---

**ON THE TOPOGRAPHY OF ZOSTER.**—Dr. Achard says that it is well known that as a rule the localization of herpes zoster does not agree with the distribution of the peripheral nerves, a fact which has induced Dr. Brissand to reject the generally accepted theory of the peripheral origin of zoster, and to consider the initial lesion of this affection as seated in the posterior columns of the spinal cord and exerting its influence on the trophic centres of the cutaneous nerves through the sensory fibres.

This view is further supported by the fact that sensory disturbances of myelic origin affect areas of the skin which do not correspond with the distribution of the cutaneous nerves. On the other hand the theory of the peripheral origin of zoster involves the assumption of multiple lesions disseminated by accident as it were, in limited portions of several distinct nerves. The central theory on the contrary assumes the existence of disturbances

which are much easier to understand, for a spinal lesion of small extent may affect in its intramyelic course the vertical and collateral branches of several neuroses belonging to different roots.

Apart therefore from distinctly peripheral forms of zoster, such as those which follow an injury to a nerve, there are evidently others due to a special cause, viz., those in which localization of the eruption does not correspond to the distribution of the cutaneous nerves, that is to say, in all probability the majority of cases of so-called idiopathic herpes zoster.—*Med. Week.*, March 6, 1896.

---

## DEPARTMENT OF SURGERY AND GYNÆCOLOGY.

---

IN CHARGE OF MILES F. PORTER, A. M., M. D.

Prof. of Surgery and Gynecology in the Fort Wayne College of Medicine.

ASSISTEE BY

FRED J. HODGES, B. S., M. D.

Prof. of Genito-Urinary Surgery in the Fort Wayne College of Medicine.

**TO STERILIZE INSTRUMENTS WITHOUT DANGER OF RUST:**—Lerai has found (*Chien Clin. Rundschau*) by experiment that the best alkali to prevent rusting of instruments during boiling is Na O. H. The solution need not be stronger than  $\frac{1}{2}$  of one per cent. The natrium must be free from sulphur.

---

**A FŒTUS STABBED.**—The nursing record has published a remarkable case of a woman who, when six months pregnant, was stabbed twice in the abdomen. Both wounds penetrated the abdominal cavity, and as there were no signs of internal hæmorrhage, the abdomen was immediately opened. The uterus was found to have been perforated in two places by the knife, and the wounds were closed by sutures, the hæmorrhage being thus checked and the immediate danger removed. The patient progressed very well until the third day, when severe pains came on, and, on the next day, an abortion took place, from which she completely recovered. The fœtus was dead, and on being examined, it was found that one stab had penetrated into the left side of its chest, and that another had wounded the small intestine in two places, purulent peritonitis having thus been set up. The case, we believe, is unique, and the fact that peritonitis from



the intestinal wound had been caused in a six months' foetus, is a clinical fact of the greatest interest.—*Journal of Materia Medica*.

---

**CASTRATION FOR ENLARGED PROSTATE:**—After a very thorough and impartial review of the statistics of prostatectomy and castration for enlarged prostate, Dr. A. T. Catot (*Annals of Surgery*) concludes as follows:

1. In the matter of mortality the operation of prostatectomy has a slight advantage over castration. It seems probable that, with later statistics reflecting the last improvements in the technique of prostatectomy, this advantage would be further increased.

2. Prostatectomy has the further advantage that it allows of a thorough examination of the bladder and of the discovery and correction of other conditions not before suspected. Stones are frequently removed in this way without adding to the gravity of the operation. In several reported cases of castration the absence of improvement has led to the subsequent discovery of stones which have required other operations for their removal.

3. Prostatectomy has on the other hand, the disadvantage that it confines the patient for a longer time and that it is sometimes followed by a fistula. This occurred in one of the forty-two cases used in this paper.

4. It is too early to know whether any permanent loss of vigor follows castration when done on old men. The nervous effects which sometimes immediately follow the operation suggest a suspicion that with the testes the system may lose some tonic effect exerted by those organs.

5. The functional results of the two operations seem, at present, to be as nearly equal as possible, and the tendency to relapse shows itself in about the same proportion of cases after either operation.

6. The reduction in the size of the prostate after castration is largely due to a diminution of the congestion. Later a degeneration and absorption of considerable portions of the gland may occur. The glandular elements are particularly affected by this atrophy.

7. Castration would seem to be especially efficacious in cases of large tissue prostates when the obstruction is due to pressure of the lateral lobes upon the urethra.

8. Castration is of but little use in myomatous and fibrous prostates.

9. Prostatectomy has its especial field in the treatment of obstructive projections which act in a valvular way to close the urethra. There is, however, no form of prostatic obstruction which a skilful operator may not correct by prostatectomy.

10. Prostatectomy is then applicable to more cases than castration, and is especially to be selected when an inflamed condition of the bladder makes drainage desirable.

---

**THE CALOMEL TREATMENT OF HEMORRHOIDS.**—Dr. H. Naegel-Akerblom (*Allgemeine Medicinische Central-Zeitung*, '96, No. 64; *Therapeutische Wochenschrift*, Aug. 16, '96), acting on the suggestion of Prof. Massini, of Basel, has treated a number of cases of hemorrhoids, large and small, internal and external, with an ointment composed of one part of calomel and nine parts of vaseline, and states that in none of them has he felt obliged to operate. In most cases the itching subsides completely. The suggestion is made that the calomel is changed into corrosive sublimate and acts as a caustic, and, consequently, should be used with caution if there is ulceration.—*Daily Lancet*.

---

## DEPARTMENT OF OBSTETRICS AND PAEDIATRICS.

---

IN CHARGE OF B. VAN SWERINGEN, M. D.,

Professor of Theory and Practice of Medicine in Fort Wayne College  
of Medicine.

**PREVENTION OF TETANUS OF THE NEW BORN.**—Dr. G. B. Turner, of Glasgow, read a paper before the British Medical Association on "The Successful Preventive Treatment of the Scourge of St. Hilda—Tetanus Neonatorum." He gave an interesting account of the island of St. Hilda, which lies west of the Hebrides and is rarely visited from the mainland. For the past one hundred and fifty years as many as sixty-seven per cent. of the children had died from this disease, the symptoms commencing with rigidity of the jaw on the fifth or sixth day and the child dying on the eighth. Various theories had been brought forward to account for this, some attributing it to the excess of fat in the mother's food, others to the unsanitary, ill-ventilated dwellings. Dr. Turner's advice was requested by the clergyman of the island. He came to the conclusion that the germ must enter through the stump of the umbilical cord. He advised treating the cord antiseptically with iodoform and gauze, and strict attention to cleanliness of the child; and these measures had proved so efficacious that there had been no case in the last two years.—*Medical Record*.



**OZONE IN PERTUSSIS.**—Lable and Oudin (*Bull. Med. N*, No. 3) report twenty-two observations on children suffering with whooping-cough treated exclusively by inhalations of ozone.

In almost every case an immediate benefit was observed. The paroxysms of coughing were rapidly modified, not only in frequency but also in intensity and duration. The distress for breath and cyanosis disappeared and the vomiting ceased. The following conclusions were arrived at: Ozen is of assistance in whooping-cough; it diminishes rapidly the duration, number and intensity of the paroxysms; it shortens the duration of the entire disease; it improves the general health of the children. Ozone seems to act by means of its own antiseptic powers.—*Am. Medico-Surgical Bull.*

---

**THE TECHNICS OF DILATATION OF THE PERINEUM IN LABOR.**—In the August number of the *Edinburgh Medical Journal* there is an abstract of an article by Dr. G. Coromilas, of Calamata, Greece, which is communicated by Dr. J. W. Ballantyne, who calls attention to the following method of dilatation of the perineum, in order that it may be tried in protracted labors arising from rigidity of the perineum: The woman should be placed in bed on her back or left side, with the legs as in natural labor. The mons, labia majora and minora, perineum, and vagina should be thoroughly washed and rendered aseptic. The accoucheur should wash his hands very thoroughly, and grease them with the following ointment:

Vaseline.....750 grains.

Cocaine            }  
Antipyrine        } each ..... 45 grains.

The perineum, vagina and os uteria must also be anointed with the same ointment.

The accoucheur then passes four fingers of one hand within the vaginal orifice, and makes some semilunar movements, first at one side and then at the other, so as to dilate the perineum. After having made three or four such powerful movements, he introduces the fingers of the other hand, and repeats the performance.

When the requisite degree of dilatation is achieved, he then passes the fingers fully into the vagina until the index, middle, and ring fingers touch the os uteri, and makes again the same movements at the same time as he pushes the perineum outward with the palmer surface of the hand. When he feels the presenting part pressing upon the dorsal surface of his fingers he must withdraw his hand and take on his other duties.

Dr. Ballantyne thinks that by this manoeuvre we can guard the perineum and the labia majora and minora from the rupture which happens so frequently, and that we can hasten the emptying of the uterus. Owing to the physiological action of cocaine and antipyrine, the dilation of the perineum and the delivery occur without severe pains.—*New York Medical Journal*.

---

**TREATMENT OF ECLAMPSIA.**—At the Second International Congress of Gynaecology and Obstetrics, held in Geneva, August 31 and September 1, 2, 3, 4 and 5, 1896, Dr. Charpentier, of Paris, read a paper with the above title and advocated the milk diet in all women who showed albuminuria. His remarks were principally directed towards this as a prophylactic method. During the attack, if the patient be strong and cyanotic, he advocates bleeding, from three hundred to five hundred grams; if the patient be delicate and the cyanosis slight, he advises chloral.

Labor should be induced only in exceptional cases. Recourse to such operations as caesarean section and "accouchment force" is to be had only in case of failure of every other means and when the mother seems on the point of dying.

In the discussion which followed Prof. Theophilus Parvin, of Philadelphia, was apparently the only one who advocated the veratrum treatment which is now being spoken of so highly and which gives more promise in the treatment of this disease than any other one drug with which we are acquainted.

---

## DEPARTMENT OF OPHTHALMOLOGY, OTOTOLOGY LARYNGOLOGY AND RHINOLOGY.

---

IN CHARGE OF ALBERT E. BULSON, JR., B. S., M. D.

Oculist and Aurist for St. Vincent's Orphan Asylum, and the Allen County Orphan Asylum. Professor of Laryngology and Rhinology in the Fort Wayne College of Medicine, Fort Wayne Indiana.

**BRAIN ABSCESS FROM MIDDLE EAR TROUBLE.**—Dr. B. F. Church, in the course of an interesting article in the *American Medico-Surgical Bulletin*, on "Acute Inflammation of the Middle Ear," says:

"In reviewing the literature of suppurating diseases of the brain and



its membrane, the fact is apparent that a very large majority of these cases come from either an acute or a chronic suppuration of the middle ear; in fact, if trauma and tuberculosis are eliminated as causes of brain abscess, we would seldom err to lay all of them at the door of middle ear disease."

That this is so is recognized by all experienced aurists. Too much emphasis cannot be given to the necessity for the general practitioner to watch the ears of his little patients, and in case of the presence of any inflammatory trouble, especially during the course of the exanthematous diseases, to either be prepared to properly attend to this portion of the case or call in some one who can.

---

**BOXING THE EARS.**—Dr. O. F. Baerens, in the *Tri-State Medical Journal*, presents a series of cases where boxing of the ears, either in sport, as in foot-ball, wrestling, boxing, or as a form of chastisement, has resulted in a variety of affections of the ears.

The clinical history of almost all cases who have received blows on the ears differs generally only in the intensity of the symptoms. One symptom which perhaps creates more alarm than the others is autophonia, a condition in which the patient feels as though his cranial cavity contained air instead of brains.

Teachers and parents should be made to understand the frequent bad effects of this method of punishment, and the attention of physicians should be directed to this class of injuries, and their influence enlisted to help abolish this practice.

---

**THE STAPHYLOCOCCUS PYOGENES IN ACUTE AND CHRONIC OTITIS MEDIA, AND THEIR TREATMENT.**—Pes and Gradenigo (*Ann. des mal. de l'oreille et du larynx*, July, 1895) draw the following conclusions from their observations: In general, the primary and secondary infections of the middle ear are of nasopharyngeal origin. Very rarely the secondary infections come from the external auditory canal through the perforation in the tympanic membrane. The main feature of the treatment is the use of antiseptic occlusion of the canal by cotton.—*New York Medical Journal*.

---

**COUGH.**—Dr. Pearse (*Kansas City Medical Index*) classifies cough as follows:

"It seems to me advisable to divide coughs into two general classes clinically. I have never seen such a classification in any text-book, yet I

have found it helpful in practice, and so have submitted it here. My classification is:

1. Coughs that may safely be lessoned, quieted or stopped by drugs.
2. Coughs that should be encouraged.

I.—MAY SAFELY BE RELIEVED BY DRUGS.

Acute	{	1. Dentition cough .....	} Reflexes.
		2. Ear disease and irritations .....	
		3. Gastric and enteric irritations.....	
		4. Malaria .....	
		5. Nasal irritations. ....	
		6. Whooping-cough .....	} Neuroses.
		7. Croup, spasmodic .....	
		8. Croup, membranous.....	
		9. Pharyngitis .....	} Inflammations.
		10, Pneumonia, when dry .....	
		11. Pleurisy.....	
		12. Trachitis and bronchitis .....	
		13. Weak heart.....	} Irritations.
		14. Paroxysmal stage of asthma.....	
Chronic	{	15. Organic heart lesions.	
		16. Enlarged tonsil and post nasal growths	{ Varicose Adenoid.
		17. Evening and night coughs of phthisis.	
		18. Evening and night coughs of chronic bronchitis.	
		19. Gastric or enteric irritations.	
		20. Lingual tonsil.	

II—SHOULD BE ENCOURAGED.

Acute.	{	21. Broncho-pneumonia, or capillary bronchitis.
		22. Lobar pneumonia if expectoration be in process.
Chronic	{	23. Morning cough of phthisis.
		24. Dilated bronchi.
		25. Chronic bronchitis (morning).
		26. Perforated abscess.
		27. Intra paroxysmal asthma.

“Each may be divided into acute and chronic conditions for the purpose of assisting in the direction of treatment; chronic cases requiring positively for their successful treatment a correct appreciation of the causes underlying the cough, while an acute case will frequently require nothing more than a mild sedative and a day in bed to complete its cure.

“The treatment in each of these last classifications will be medical or



surgical; and while it may surprise some of my hearers to think of a surgical treatment for cough, yet some of the most brilliant results are to be so obtained."

---

**HAY FEVER; THE BEST TREATMENT FOR STAY-AT-HOMES.**—Dr. William Cheatham, in the October number of *The Laryngoscope*, gives the history of six well marked cases of "hay fever" which were relieved by local applications of solutions of chromic acid in various strengths. The cases reported were cases in which all local causes of nasal stenosis and irritation had been removed, and in which nearly all forms of treatment for "hay fever" had been tried without giving any permanent relief.

He summarizes by saying that for "hay fever" sufferers, who have to stay at home, he believes greatly in constitutional treatment, such as the valerianates, the hypophosphites, zinc phosphite, anti-rheumatics, and in the correction of any gouty element.

Locally, the removal of all causes of nasal stenosis and irritation, with persistent cleansing with mild saline, acid and alkaline solutions. Just before, at the beginning, or in the midst of the season, he applies to the entire surface of the sensitive turbinated, under cocaine anesthesia, chromic acid in solutions of from 25 to 50 per cent., this is to be followed by such local medications as may be deemed proper. Nearly all patients have discomfort following the chromic acid applications, for a few hours, but with careful cleansing with alkaline solutions and soothing applications of eucalyptol, cocaine and vaseline the aggravated symptoms soon disappear, and the patient is enabled to stay at home and attend to business with very little or no discomfort. Even though the chromic acid applications seem to aggravate the trouble for four or five days, the result of the treatment more than counterbalances the many uncomfortable days of the "hay fever" sufferer, if a stay at home.

---

**SOLUBILITY OF COCAINE IN OILS.**—Dr. C. E. Sage (*Pharmaceutical Journal*) states, as the result of experimentation, that cocaine is not soluble in vaseline or lard, but that he has found it to be soluble in castor or olive oil. He states that laryngologists will do well to remember this, and to remember also that olive oil is a most excellent base, to which may also be added any of the essential oils which are used in treatment of catarrhal affections.

---

**VASELINE AS A HEMOSTATIC**—Dr. E. B. Gleason in an editorial in the *Atlantic Med. Weekly*, on Recurrent Nose Bleed and the Control of

Nasal Hemorrhage, states that he considers fluid or solid cosmoline to be a better haemostatic than any of the iron salts. The editor of *The Laryngoscope*, commenting upon this item, says it has been his practice to spray the nasal cavity, after a bur or saw operation, with vaseline as hot as can be borne by the patient. He states that no matter what the amount of hemorrhage, this has always promptly checked it.

---

AN APPLICATION FOR FURUNCLES OF THE EYELID.—Landolt and Gigax are credited in the *Wiener Klinische Rundschau* with the following formula, intended for use in stubborn cases:

- R. Tincture of camphor, } of each .....15 grains  
 Precipitated sulphur, }  
 Lime water, } of each .....150 grains  
 Rose water, }  
 Gum arabic.....3 grains
- M. To be painted on the lids once a day.—*N. Y. Med. Jour.*

---

## BOOK REVIEWS.

---

DIET FOR THE SICK—Contributed by Miss E. Hibbard, Principle of Nurses' Training School, Grace Hospital, Detroit, and Mrs. Emma Drant, Matron of Michigan College of Medicine Hospital, Detroit. Second Edition, Enlarged. Limp Cloth, 16mo., 100 pages, Price 25 cents, Postpaid. Detroit, Mich.: THE ILLUSTRATED MEDICAL JOURNAL Co. 1896.

In this little book there is, besides the useful formulæ for "Sick Dishes," foods and cooling drinks for convalescents, quite complete Diet Tables for use in Anæmia, Bright's Disease, Calculus, Cancer, Chlorosis, Cholera Infantum, Constipation, Consumption, Diabetes, Diarrhœa, Dyspepsia, Fevers, Gout, Nervous Affections, Obesity, Phthisis, Rheumatism, Uterine Fibroids. It also gives various nutritive enemata. The Physician can use it to advantage in explaining his orders for suitable dishes for his patients, leaving the book with the nurse.

---

## PUBLISHER'S PAGE.

---

### INDIGESTION, ERUCTATIONS, DYSPNOEA.

Dr Alfred E. Meyer says he has been using "Maltine with Wine of Pepsin" at the New York Polyclinic, and also at the West Side German Dispensary in his Gynecological Clinic with



signal advantage with women who are suffering from chronic indigestion, and he also gave it a trial in his private practice. One patient, a lady who had for years had frequent attacks of indigestion, received so much benefit from its use that he decided to report the case.

The attacks usually came on about an hour after eating, the symptoms being great distention of the abdomen and a feeling of soreness and dyspnoea. The attack usually lasted from one to two hours. She had been put on various methods of treatment, not only on different preparations of pepsin and pancreatin, but also on dietetic treatment, without any marked or permanent benefit. After beginning the use of "Maltine with Wine of Pepsin"—a small wine-glass full after each meal she did not have another attack. The remedy was continued and there appears to have been an entire mitigation of the disagreeable condition under which she had labored for so long, and this too without any special reference as to change of diet. It was noticed that in taking a dose at the beginning of the treatment there were repeated eructations of gas and the uncomfortable symptoms were relieved in a very short time.

Dr. Meyer says he thinks that the combination of "Maltine with Wine of Pepsin" is a very happy one.

---

P. N. de Duboeay M. D. F. R. C. S. of Tallulah Falls, Rabun Co. Ga. Sept. 22nd, 1896. writes:

I have used Papine, Bromidia & Iodia extensively in my practice, and expect to continue doing so, as these preparations undoubtedly are of great value. I have found your Iodia specially useful in cases of Menstrual disorder generally and as an Alterative. Papine must of Necessity come greatly into vogue with the general practitioner relieving pain as it does without unpleasant after effects. It was of great value to me in treating the pain in a female suffering with (incurable) Cancer.

# FORT WAYNE MEDICAL MAGAZINE.

---

VOL. IV.

NOVEMBER, 1896.

NO. II.

---

## ORIGINAL ARTICLES.

No paper published or to be published elsewhere as original will be accepted in this department.

---

### *THE RELAXATION OF THE VAGINAL OUTLET AS THE MAIN ETIOLOGICAL FACTOR IN VARIOUS PATHOLOGICAL CONDITIONS.\**

By HUNTER ROBB, M. D.,

Professor of Gynaecology, Western Reserve University, Cleveland, Ohio.

*Mr. President and Members of the Delaware District Medical Society,  
of Indiana:*

I wish to speak briefly to you to-day of the relaxed vaginal outlet as is so often met with by the general practitioner and by the gynecologist. But in order to make myself more intelligible, I would first ask your attention to some general considerations with reference to the anatomy as far as it concerns the normal support of the vaginal outlet.

\*Read at the Delaware District Medical Society, Dunkirk, Ind., June 16, 1896.



The vaginal outlet or inlet (according as we regard it from its parturient function or from its sexual function) is found lying immediately under the vestibule and is seen as a slit beneath the pelvic arch as the woman stands erect.

The vagina is funnel-shaped, the outlet forming the narrow part of the funnel. It was formerly thought that the outlet was kept up beneath the pubic arch by means of a wedge of tissue—the so called perineal body—which was supposed to shut in the inferior strait like a cork thrust into the funnel from below. As a consequence of this erroneous mechanical theory the most absurd operations for laceration of the perineum have been devised and were at one time extensively practiced.

On inspection it will be noticed that both the vaginal outlet and the anus are situated well forwards, the former being tucked up snugly under the pubic arch. The index finger when introduced into the vagina will feel the pubic arch above and to the sides, while as it is pressed backwards it impinges upon a resilient band of muscular tissue stretched across the floor of the outlet from one ramus of the pubes to the other. By making continued firm pressure upon the posterior wall of the vagina a marked relaxation of the muscular band before mentioned is obtained together with a noticeable descent of the pelvic floor which recovers its former position again as soon as the pressure is removed.

Upon examining the fourchette and the perineal body which lies between the fourchette and the anus, the latter will be found to be a lax structure incapable of much resistance and affording only a very slight support to anything which might rest upon it.

This examination therefore tells us that the real support of the outlet lies not in the perineal body but in the muscular band of tissue, namely, the anterior fibres of the levator ani muscle. This muscle is broad and thin; its two arms are attached to the inner surface of the pubic rami on either side; the anterior fibres on one side passing down along the side of the vagina and beneath the vaginal wall are united in the middle of the pelvic floor with those of the opposite side to form a median *raphe* between

the vaginal outlet and the anus. The middle fibres are intimately attached to the sides of the rectum while the posterior bands from the two sides meet together at the coccyx.

The anatomical relations of the anterior fibres as they stretch across the floor of the outlet may be demonstrated by making alternate pressure in each lateral sulcus of the vagina.

The closure of the vagina depends upon the action of the fibres of the levator muscle. By the contraction of the two lateral divisions of this muscle the vaginal outlet is held up snugly between the pubic arch and the rectum. The plane of the pubic arch which surrounds one-half of the outlet above, lies in front of the levator fibres which encircle the posterior half, the peculiar arrangement of these fibres causing an abrupt bend or sigmoid curve in the lower portion of the vagina of a virgin. Without going more into detail, therefore, it is evident that the anatomy and physiology of the parts are very important for the reason that unless they are understood we cannot arrive at a scientific method of treating the various injuries to which the outlet is subjected.

Injuries to the vaginal outlet occur generally during parturition. Consider for a moment what happens when an ordinary child comes into the world. Through an outlet which is normally three centimeters in diameter, passes a child's head which dilates it until it forms a ring twenty-eight centimeters (eleven inches) in circumference. It is true that this distention when brought about gradually and equably by repeated impacts of the foetal head may take place without injury, but it not infrequently happens that the delivery is somewhat precipitate and instead of the gradual dilatation we have a sudden yielding with a consequent rupture of some of the muscular fibres.

When one stops to consider how frequently the vaginal outlet is thus exposed to injury it is strange that the condition of relaxed outlet is not more often recognized as a pathological condition of primary importance. Not infrequently a rectocele or a cystocele or rectocele and cystocele combined, though they may



be only results secondary to a relaxed outlet, are spoken of as if they were the primary conditions.

The failure to recognize the relaxed outlet as a pathological entity is certainly not due to its rare occurrence or to the absence of numerous clinical signs which endow it with definite characteristics. On inspection with the patient in the lithotomy position, the whole cleft of the buttocks appears flattened and broad. The anus is wide and tends to drop downwards and backwards. It must be insisted, however, that the space included by the skin perineum is often quite long in the anterior and posterior direction and bulges out. Sometimes indeed, the skin surface of the perineum is torn as far back as the sphincter ani, but more frequently in cases of relaxed outlet it is remarkable for its unusual depth measured from the fourchette to the anus.

This very fact has been the cause of much error because it is so natural, or at least I should say it has so frequently been the custom to estimate the functional activity and the efficiency of the vaginal outlet by the amount of, or rather the depth of, skin perineum; it used generally to be considered that if the distance from the fourchette to the anus measured two and one-half centimeters or more, we have a good perineum, and it was erroneously concluded that in these cases the support of the vaginal outlet was always good. Nothing could be further from the truth than this idea. In many of the worst forms of relaxed outlet the perineum is deeper when measured along the skin surface than it was before child-birth. This apparently paradoxical condition is to be explained by the fact that the external skin was overstretched but not torn, while the outlet just within the vagina under the pubic arch was broken down.

If the labia be separated the vaginal walls are seen to be more or less pouting; the anterior and posterior walls protruding either at times separately or conjointly to a marked degree.

The relaxed condition of the outlet can be demonstrated in many ways. If the patient is instructed to bear down it will be noticed that the posterior vaginal wall drops away from the anterior wall more readily than it should normally do. Sometimes

both the anterior and posterior wall begin to bulge slightly and finally roll downwards and inwards until a considerable portion of the mucous membrane in the lower vaginal tract is everted. If the patient is placed in the Sims' position and the upper folds of the buttocks be retracted with one hand, the appearance of the outlet is both striking and suggestive; the air rushes audibly into the vagina and as the walls fall back the outlet appears as a gaping hole in the pelvic floor, thus showing that the perineal support is quite inefficient. If the patient be asked to bear down before the air is permitted to enter, the rolling out and aversion of the vaginal wall shows unmistakably that there exists a deficiency in the supports below.

Thus much for inspection. We now examine further into the extent of the relaxation. The patient having been placed in the dorsal position, palpation will reveal important deviations from the normal which are quite characteristic of this condition. The perineum can often be felt as a flaccid thin partition, which may be gathered up between the thumb and forefingers of both hands and lifted in the direction of the pubes until the urethra and clitoris are concealed from view; the deficiency is filled by the walls of the vagina when the patient stands erect, or even when she occupies the dorsal position. The outlet being thus closed, at least apparently, has the deceptive appearance of being well supported; but by simply touching the parts we find that the protuberances are only loose bags filling up a gap but affording no support at all to resist pressure from above. Far from being the signs of a normal condition they ought rather, then, to be regarded as danger signals, indicating a progressive descent of the uterus and a gradual eversion and falling out of the vaginal walls, the process having begun as soon as the patient has left her bed after labor. If the palpation be continued over the posterior wall a marked deficiency will be revealed in place of what was formerly a strong resisting, though elastic, muscular bar, which was stretched from one pubic ramus to the other and which held the outlet tucked up tightly under the pubic arch. This resistance is now no more to be felt.



Palpation on the lateral vaginal walls shows a difference according as there is integrity or relaxation of the outlet. In the latter case the levator fibres now form an acute angle with or may lie even parallel to the lateral walls of the vagina, being in a plane more closely approaching that of the superior strait. The greatest contrast between the relaxed and normal outlet lies in the direction of these fibres and in the loop around the posterior vaginal wall. In the relaxed outlet, the powerful transverse band between the two rami of the pubes is replaced by a long lax loop which is filled with yielding structures such as the vaginal or the rectal wall. The levator ani sometimes remains intact and retains its rectal and vaginal attachments on one side while the other half on the opposite side may be broken down. The differences in the direction of the fibres on the two sides is then very marked, for while those on the well side have a more or less horizontal direction, those belonging to that which is broken down hang parallel to the lateral wall of the vagina, and the finger may be readily buried in a deep sulcus between the rectum and the levator ani. Again the central point of attachment of the fibres from one side may be considerably in advance of that of the fibres on the opposite side.

The characteristic eversion in cases of relaxed outlet is often evident upon inspection of the external genitals; at other times it may be concealed behind the skin perineum. It is best demonstrated, however, by placing the thumbs on the perineum, one on either side of the outlet and then separating them and pressing them up into the pelvis.

When a patient with a relaxed outlet is asked to bear down, the opening is seen to enlarge and a constantly increasing eversion of the vaginal wall takes place. If a finger be placed upon the cervix uteri during the effort of straining, it will be felt to descend in the axis of the vagina, exceeding by a good deal its normal limit of physiological mobility. This effect can especially be brought out by examining the patient in the erect position.

There is one important group of cases of relaxed outle

which is particularly liable to escape notice. A woman with an outlet that is more or less deficient, while on her feet or exerting herself in walking, dusting, scrubbing, or laborious occupations tries (without knowing it) to close the lax opening, and to make it more efficient by throwing an extra strain upon the weakened muscles, which tend to pull the loop of fibres of the larger curve up towards the pubic arch; this she does, be it well understood, unconsciously and with greater or less success. But this unconscious strain, unknown to the patient herself, often produces marked neuroses which are generally not referred to the true cause. Such disturbances are seen very often in cases of over-taxation in nervous women, and it is often to this strain that the general lassitude, and ill defined pelvic pains, the backache, the palpitation of the heart, the symptoms of indigestion, the neuralgias and the frequent headaches should be attributed.

This tonic contraction of the weakened levator muscle is usually exaggerated at the time of the digital examination. If this effect be not kept in mind the examiner will sometimes be deceived and will put down a case of marked relaxation of a minor degree, or may even consider it of no importance at all. In such cases complete anaesthesia always relaxes this muscle together with the others and the disability becomes evident. Not infrequently I have found when intending to operate upon a lacerated cervix, after the patient had been anaesthetized, that the repair of the vaginal outlet was far more necessary than any treatment of the lacerated cervix.

Not a few cases of so-called neurasthenia which have resisted all efforts of skilled neurologists, have been cured after a well marked relaxation of the vaginal outlet has been found and corrected.

You have often met with patients suffering from a multitude of functional ailments of various kinds some of whom you have sent to a skilled oculist who has found, as you suggested, that the reflex disturbances arose from over straining of some of the muscles of the eye. These are analogous cases to those to which I have just referred, The explanation lies in the exhaustion of the



nervous forces due to the long sustained strain to which they have been subjected.

Time will not permit me to discuss lacerations of the perineum, and to-day I prefer to keep these two conditions apart and to insist that it is the relaxed outlet which must be considered as the more serious disability.

The skin perineum need not enter into consideration. You will find if you look up the history of the perineal operations, that the denudation was first confined to the vulvar surfaces. Later, although holding to the false theories as to the function of the so-called perineal body, operators becoming wise from experience began to extend the denudation further up within the canal until finally all operations of denudation included the making of a wide freshened area beneath the pubic arch.

It is curious to note that the hymen is often better preserved in a relaxed than in a normal outlet, in the case of women who have borne children. This fact, however, is easily explained on general mechanical principles. Normally the distention of the outlet by the child's head is exerted equally on all sides until the thin rim of the hymen yields and is torn into shreds, appearing later on as the carunculae myrtiformes. In the lax outlet on the other hand as a consequence of prolonged labor or rough delivery the distention has not been equable; the head and shoulders have descended too quickly so that rupture has taken place on one or both sides, the hymen being involved in only one or two directions. Such labors often show the strange anomaly of an over-stretched outlet and a hymen which is over-stretched, indeed, but is only torn in one or two places.

One more word about cases of concealed relaxation.

Look with suspicion upon a vaginal orifice if it pouts slightly or if the vaginal wall tends to evert and roll outwards; if the cervix advances towards the outlet, especially when the patient bears down. It is in these very cases which are liable to pass unrecognized that the brilliant results are often obtained from an operation.

## TREATMENT TO THE RELAXED OUTLET.

Where relaxation exists we should attempt first to restore the normal tonus of the tissues by well regulated exercises, massage and tonic treatment. In the majority of these cases, however, the relaxation is not due to the overstretching or dilatation as the term might seem to imply, but to an absolute rupture of the supporting tissues so that when gentle measures show no good results, we shall have to resort to some form of operation which aims at the resection of the lax area. This may be done in one or two ways:

- 1, By the posterior median operation.
2. By the posterior bi-lateral operation, the excess of tissue in the sulci being cut out and the edge of the wound united by sutures.

If you look at a cross section of the frozen cadaver you will see that the outline of the vagina has a shape of the letter H. We shall naturally infer from this that the vaginal tissues can be united to better advantage and with less tension in the sulci than if they are turned in and drawn together in the median line. The former procedure will also enable the vagina to better stand the strain of a future labor, so that it is now generally agreed that a bi-lateral operation extending symmetrically across the outlet in front and up both sulci will give the best results.

I shall not take up your time by describing in detail the technique to be adopted in the preparation of the patient and during the operation. I would only insist that the strictest asepsis is as necessary here as in what are generally considered to be more important operations. Death has more than once followed as the result of apparently trivial operations upon the uterus, cervix and vagina, and this fact should teach us that no operation, however insignificant it may seem, should be lightly undertaken without due regard for the dangers of infection. I remember very well the case of a woman who died seven weeks after a perineorrhaphy and after the wound was apparently completely healed. A careful autopsy showed that death was due to general infection, the portal of entrance being the deep perineal



tissues where just beneath the line of the wound small collections of pus were found. As a rule it is difficult to have the field of operation thoroughly clean and to keep it clean during these minor operations. Still, although this is even more difficult to accomplish than in abdominal cases, the attempt must be made.

I shall now speak of the operation itself. The hymeneal ring, or what remains of it, is caught with tenacula at two points on the lateral wall, four or five centimeters of the upper part of hymen being left on the anterior wall. These two points mark the lateral limits of the resection, and are ultimately brought together by sutures leaving the area above the denuded triangle on the posterior vaginal wall to form the new outlet.

The points must not be taken up too high on the lateral wall otherwise too much tissue will be removed, and as a consequence the outlet will be too much contracted. On the other hand if they are taken too low down an excess of tissue will remain and we shall still have too lax an outlet. Some judgment is necessary in these matters.

Having placed the tenaculum on either side, a third point is taken in the median line within the vagina on the rest of the vaulted prominence of the columna posterior just within the outlet, two or three centimeters above the ring of the hymen.

We now have three fixed points. The next step is to outline with a sharp scalpel the area which we intend to denude. These lines will serve as guides and will prevent errors which might arise from a free-hand denudation. An excessive relaxation requires a more extensive denudation than one of moderate degree. No two cases are exactly alike, and the amount of the denudation required varies according to the exigencies of each case.

After resection of the outlet there is always a slight giving of the parts, so that at the time of the operation the contraction should be slightly exaggerated in order to allow for the subsequent relaxation.

The surface to be denuded is of irregular outline and lies in two planes which are almost at right angles to one another. The one external on the skin perineum is in a line parallel to the descending rami of the pubes, while the internal one extends up along the posterior vaginal wall.

In commencing to make the outline the tenaculum in the median line and one of those which mark the lateral points are separated widely and drawn downward and outward in order to expose one of the lateral sulci. If the outlet is much relaxed the base line of the triangle between the central and lateral tenacula will be proportionately longer. The line going to the apex of the triangle should be from four to five centimeters up the the sulcus to correspond to its base. In cases of moderate relaxation the apex of the triangle is about three centimeters within the outlet. If the convex posterior vaginal wall be depressed a distinct line will be noticed where the lax and firm portion of the exterior wall join. The latter is seen to move with every respiration. An incision corresponding to this line should be made through the whole thickness of the vagina beginning at the middle point of the sulcus (or about one centimeter below) and extending parallel to the anterior vaginal wall, and terminating at the tenaculum on the outer side. The length of this incision will vary from three to five centimeters according to the degree of relaxation present. From the upper extremity of this line another incision is made terminating at the tenaculum fixed in the median line of the posterior wall. We now have the outline of one lateral triangle.

A similar area is now outlined in the sulcus on the opposite side, thus making two symmetrical triangles, the inner extremities of which are joined at the central tenaculum. The outline is now completed by a semi-circular incision just within the hymen connecting the two tenacula on the lateral walls. This line falls from three to four centimeters below the the tenaculum in the posterior column and thus includes all scar tissue in the external perineum.



The whole thickness of the vagina is now denuded within the outlined area. The vaginal wall bordering on the incision around the columna being caught with the rat-tooth forceps is removed with Emmet's angular scissors in long strips, following the line of incision down towards the apex of the triangle. Sometimes the whole area can be removed easily in one strip if the scissors are used to dissect up the lax tissues on the floor of the vagina. Hemorrhage from vessels which are cut through may be profuse for a short time, but it generally ceases spontaneously and does not need the application of ligatures. Any arteries which bleed persistently may be caught up and tied with fine silk. The deep tension sutures and approximation sutures will check any moderate hemorrhage.

The opposite triangle having been denuded in the same way the intervening tissue between the semi-circular-incision and the columna is carefully removed.

One or two sutures of silk-worm gut are introduced within the vaginal sulcus and one or two on the outside; these tension sutures are supplemented by a sufficient number of fine silk sutures to secure moderate approximation.

To facilitate the introduction of the first sutures one of the triangular areas is exposed by allowing an assistant to draw both of its lower extremities downwards and outwards. The needle threaded with a carrier is introduced in the lateral wall of the vagina about two millimeters from the edge of the incision and from one-half to two-thirds of the way between the apex and the base of the triangle; it is then passed under the tissues in a downward direction and towards the operator and brought out at the bottom of the sulcus on a level considerably below the point of entrance; being re-entered in the bottom of the sulcus near the point of exit, it is passed in the opposite direction upwards and inwards and comes out on the vaginal surface on the opposite side of the triangle at a point corresponding to that of entrance. A stout silk worm gut suture is hooked into the loop of the carrier and drawn through and tied with a square knot,

care being taken to secure accurate approximation of the edges of the wound.

A suture laid in this way includes a larger area of tissue and secures much better approximation than if it were passed directly across the denuded angle. It gathers up the tissues and thus closes a larger part of the denudation on one side. The ends are not cut off but should be held between the fourth and fifth fingers and made to serve as tractors; in this way the upper part of the triangle above the sutures is brought into view as a narrow ellipse which is now united by fine silk sutures carried deeply down under the denuded areas. The first of these sutures, is placed about half a centimeter above the silk-worm gut sutures and after being tied is used as a tractor to expose the parts of the wound immediately above so that the passage of the next suture will be facilitated; the procedure is continued until the upper part of the triangle is closed and all hemorrhage from between the lips is stopped. The opposite sulcus is now closed in the same way.

Should the sutures not check the bleeding properly, or if there is persistent oozing at any point it should be controlled by one or more sutures carried deeply underneath the bleeding points and tightly tied.

The approximation of the triangular areas in the sulcus will be materially assisted by a fine silk suture reaching half way down to the bottom of the denuded area of the vulva inside of the silk-worm gut sutures. The denuded area is now very much diminished and lies in a plane facing the operator; almost the whole of this area which remains can be neatly drawn together by a single "crown" or "gathering" suture of silk-worm gut introduced from the outside one or two centimeters from the lower angle of the wound and sweeping upwards under the denuded surface of the lateral wall in the direction of the lowest suture in the vaginal sulcus to the other side of which it emerges beneath the mucous membrane. After crossing the shallow sulcus and transfixing the triangular tongue of the undenuded tissue between the lateral angles, it re-enters the edge of the incision on the op-



posite side of the vagina and being carried well beneath the denuded surface on the lateral wall re-appear at a point on the skin perineum corresponding to the point of entrance. This gathering suture brings together the wide area of tissue included in it and closes the remainder of the denuded surface.

When, however, the area is large it may be necessary to pass a second supplementary suture of silk-worm gut above the first.

Accurate approximation of the edges of the wound is secured by means of several half deep sutures of silk. Sometimes the union is perfect at all points excepting at the lower angle of the wound externally where a deep narrow pit may be left. This although unsightly will not interfere with the function of the outlet, but the defect may be obviated by passing one or two very fine silk sutures in the bottom of the wound before introducing the gathering sutures.

A skillful operator will complete the operation in from fifteen to thirty minutes.

Let us now see what the operation has accomplished. The posterior wall of the vaginal outlet has been lifted up from its sagging position and is now hugged tightly under the pubic arch. Its direction and form have been changed, the examining finger must now be inserted not in the direction towards the prominence of the sacrum nor towards the abdomen, but rather as if it would strike the lower sacral vertebrae.

The outlet is now no longer in the direct line of intra-abdominal pressure and instead of the latter causing a constant tendency to decensus of the vaginal wall through this opening, it spends its force in pressing the anterior down against the posterior vaginal wall, which is in turn received by the restored pelvic floor.

But it will be asked how long does this favorable condition of things last? As a rule we may say that not only are the immediate results gratifying but they are also permanent. Restoration is often so perfect as to give the outlet the normal nulliparous appearance. The lines of union are seen only faintly and the strong muscular band of levator fibres is once more felt ex-

extending transversely across behind the posterior vaginal wall. As a rule we may say that the symptoms are often completely relieved; the heavy dragging sensation in the pelvis, the back-ache, the headache, and reflex nervous disturbances frequently disappear immediately after the operation and do not return.

---

**NORTHERN TRI-STATE MEDICAL SOCIETY.—CHANGE IN DATE OF MEETING.**

The mid-winter meeting of the Northern Tri-State Medical Society which was to be held in the city of Fort Wayne in December, has been changed to meet at the same place on Tuesday, January 19, 1897. It is proposed to hold the morning and afternoon sessions in the council chamber of the City Hall, and to accept the kind and generous invitation of superintendent Johnson and resident physician, Dr. Delia Howe, of the Indiana School for Feeble Minded Children, to take supper as also to hold the evening session, at that institution. The visiting physicians will thus be given an opportunity to not only see the workings of the institution, but examine some new and interesting neurological cases, and to witness some of the exercises which the children go through as diversion, instruction and amusement for them.

It is expected that the attendance will be unusually large, and the secretary informs us that he can promise us a program of unusual excellence.



# Fort Wayne Medical Magazine.

---

VOL. IV.

NOVEMBER.

NO. II.

---

## EDITORIAL STAFF:

ALBERT E. BULSON, JR., B. S., M. D.,-MANAGING EDITOR,  
19, 20, 21 Pixley-Long Building.

MILES F. PORTER, A. M., M. D.,  
47 West Wayne Street.

GEORGE W. MCCASKEY, A. M., M. D.,  
107 West Main Street.

BUDD VAN SWERINGEN, M. D.,  
26 West Wayne Street.

FRED J. HODGES, B. S., M. D.  
Anderson, Indiana.

---

A Journal of Medicine and Surgery, Published between the 1st and 10th of every month. Price, \$1.00 per Year, Postage Paid.

This Journal is devoted entirely to the advancement of medical science. Essays, Clinical Reports and Personal Communications of a medical nature are solicited. All Contributors are responsible for their own utterances.

All Communications, Subscriptions and Books for Review should be addressed to the Editor of THE FORT WAYNE MEDICAL MAGAZINE, 21 Pixley-Long Block, Fort Wayne, Indiana.

---

## EDITORIALS.

---

### THE WISCONSIN MEDICAL DIPLOMA MILL.

A reputable physician in a small town in Ohio, sends us a circular letter and prospectus which he has recently received from what is advertised as the Wisconsin Eclectic Medical College, an institution incorporated under the laws of Wisconsin and supposedly situated in Milwaukee, (though no address is given,) but conducting its business from Chicago. The letter is as follows:

CHICAGO, ILLS., Oct., 1896.

*Dear Doctor:*

We notice your name in a Medical and Surgical Directory, but with a \* appended. This usually means (although not necessarily so,) that the person so designated is not a graduate of a Medical School, and has no diploma. If, however, it should be that you are a graduate, and have a regular diploma, then we can but tender our most sincere apologies for troubling you on the matter. But, on the other hand, if you are not a graduate, and have no regular diploma, then the perusal of the enclosed prospectus cannot fail to be of the most primary importance and interest to you. We would also desire to draw attention to the fact, that to practicing physicians our fees are much reduced from the regular rate. To this class our fees are \$35.00, all inclusive.

As proof of our legal standing and right to confer the degree of M. D., we can supply certified copies of our Charter at twenty-five cents each, simply covering the cost of certifying officer's fee.

Trusting soon to hear from you and standing ready to answer any or all questions you may wish to submit,

We are yours very sincerely,

WISCONSIN ECLECTIC MEDICAL COLLEGE,

FRED RUTLAND, M. D., President.

The prospectus, after berating all reputable medical colleges and criticising state legislatures for passing laws to regulate the practice of medicine, makes the startling announcement that the Wisconsin Eclectic Medical College is decidedly opposed to any law or regulation which compels a person to attend a medical college a certain number of years, any certain length of time, or even at all, before being granted the M. D. degree. After assuring and reassuring the reader that the institution is duly incorporated and protected under the laws of Wisconsin, and that its graduates are perfectly protected by law, the prospectus gets at the milk in the cocoa-nut by boldly announcing that the Wisconsin Eclectic Medical College, from its correspondence office in Chicago, will confer the M. D. degree upon any and all persons without the formality of attendance at any medical college, and without spending valuable time and money in acquiring such medical education as is obtained at the ordinary medical schools. The M. D. degree from this diploma



mill, obtained without reference to qualification, costs but \$35.00, and this append of M. D., obtained from an unscrupulous diploma vender, is supposed to "raise the possessor in the social scale, *no matter who he or she may be,*" and to "give a position and a general authority unobtainable by any other means," vouched for by the correspondence secretary, who probably constitutes the entire institution, and dreams of the wealth he will obtain from deluded or dishonest persons who contribute to the success of this enterprising but nefarious scheme.

We have no words of censure sufficiently severe for any man who will foster and perpetuate such an unprincipled scheme as that of the so-called Wisconsin Eclectic Medical College, but the law makers of the "Badger State" deserve the severest censure for having a law on the statute books that gives protection to such imposters and legalizes a "skin game" that as a menace to the public is a hundred times worse than the rankest confidence game ever worked upon an unsuspecting and credulous community.

How long will the public put up with such imposition, and when will people in general and legislators in particular learn that medical men in advocating stringent medical laws are asking for that which is not only a protection to public and individual health, but necessary in advancing the best interest of the community.

In only one way can we stamp out fake doctors and fake medical schools, and that is by passing laws making it compulsory for every person to pass an examination before an examining board before being allowed to practice in the state. Require every applicant to possess a diploma, but let not that diploma stand as sponsor for the man or excuse him from examination. When all states have such a law then the standard of medical knowledge will rest higher than it does to-day and not before.

B.

## RESULTS OF ANTITOXIN TREATMENT FOR DIPHTHERIA IN THE CITY.

## STATISTICS FROM THE FORT WAYNE BOARD OF HEALTH.

In examining the diphtheria statistics for the city of Fort Wayne, compiled by the Board of Health, several interesting facts are noted. During the past three months there have been within the city limits of Fort Wayne eighty-five cases of diphtheria, the diagnosis in each case having been verified by bacteriological examination as demanded by the board of health. Twenty-four of these cases were laryngeal diphtheria and sixty-one cases faucial diphtheria. Out of the total number of cases seventy-five recovered, of which thirty had been treated with antitoxin and forty-five without antitoxin. Of the ten deaths four received the antitoxin and six were treated without antitoxin. Of the the thirty-four cases treated *with* antitoxin the percentage of recovery was 88.23 per cent., and of the fifty-one cases treated *without* antitoxin the percentage of recovery was exactly the same, or 88.23 per cent.

Taking both these percentages of recovery into consideration, the question arises as to what part antitoxin played in producing the favorable results that are reported. With eighty-five cases of positive diphtheria, seventy-five of which recovered, and the greater number of which, both as to treatment and recovery, received *no* antitoxin, one would naturally infer that the antitoxin neither added nor detracted from the results.

One member of the Board of Health informs us that every recovery under antitoxin treatment, even in the most aggravated cases, was more prompt than in any of the cases treated *without* antitoxin, and this in the face of the fact that much of the antitoxin used was unreliable either from age or unskilled manufacture. He states as his opinion that with reliable antitoxin a larger percentage of recovery would have been recorded in those cases in which the serum was injected. He also believes that some of the fatal cases *not* receiving antitoxin would have been saved had antitoxin been used. This however is merely conjecture, and may be offered through over-confidence in antitoxin.



treatment. He might also add that a part of the favorable results was due to intubation which was successful in quite a large number of cases, and which certainly materially effected the percentage of recovery.

This fact remains, however. With accurate means of diagnosis, and a decreasing mortality, either our ordinary means of treatment have been much improved, or the virulence of the disease is less than in former years, and we are inclined to believe that the latter is the case.

While these statistics might tend to alter our opinion as to the efficacy of antitoxin treatment, we still believe that antitoxin has much virtue and that it should be used in every positive case of diphtheria. If the remedy does not prove effective it certainly does no harm, and considering the gravity of the disease one is warranted in taking the benefit of the doubt and adopting any form of treatment that promises possible success. To the casual observer though, these statistics would seem to show that the value of antitoxin treatment in diphtheria is yet problematical. B.

---

## MEDICAL REVIEWS.

---

### DEPARTMENT OF MEDICINE, THERAPEUTICS, NERVOUS AND MENTAL DISEASES.

---

By G. W. McCASKEY, A. M., M. D.

Professor of Nervous and Mental Diseases and Clinical Medicine in the Fort Wayne College of Medicine, Fort Wayne, Ind.; Secretary of the Upper Maumee Valley Medical Association.

**THYROID EXTRACT.**—In Dr. S. Solis Cohen's clinic recently the tendency of thyroid extract to aggravate the symptoms of exophthalmic goiter

in certain cases was strikingly illustrated. A patient who had been improving under the use of thymus extract, but had come to a stand still, was tentatively placed upon the thyroid preparation. She returned in about two weeks with the goiter much enlarged, firmer in consistence and all the nervous symptoms exaggerated. Dr. Cohen remarked that his experience went to show that in exceptional cases thyroid preparations might benefit goitrous patients, both those with simple goiter and those with Grave's disease; but that as a rule the effect was nil or not good. He could give no definite rule for discrimination, although the effect of temperature upon the patient might be found to be of use; it being his present impression that those who were unduly susceptible to cold would do well, and those who were unduly susceptible to heat would do badly under treatment with thyroid preparations.—*Phil. Polyclinic.*

---

**HYSTERICAL APHONIA.**—Boulay (*Univ. Med. Jour.*) recommends introducing a sound into the larynx far enough to cause a slight spasm or cough and removing the sound, have the patient call out the letters of the alphabet slowly and calmly until a sound can be produced; then to count up to ten, then to articulate simple words and finally to converse. The sound may be introduced a second and third time if necessary in order to procure the desired effect. If these means fail, the aphonia is of a rebellious character and recourse must be had to external or internal electrization of the larynx by the galvanic or faradic current for four or five minutes, having the patient perform vocal exercises while the current is passed. Massage of the anterior portions of the neck; methodical traction of the tongue, rhinopharyngeal palpation or autolaryngoscopic psychical measures that succeed as well as ovary compression. General treatment with strychnine, valerian, the bromides, hydrotherapy or isolation must be associated with the local means employed, while lesions of the nose, pharynx or larynx must also be looked after.

---

**NITROGLYCERINE.**—According to Th. Schott, (*Amer. Medico. Surg. Bul.*) this drug develops its best action in the pure forms of the angiospastic kind of angina pectoris. Next to these come the cases in which the heart spasm is associated with lesions of the aorta. The remedy is much less reliable in stenocardia, consequent upon myocarditis and in a fatty and weakened heart. In angina pectoris due to aortic aneurism, its action is insignificant, and in the purely motor neurosis it usually fails to accomplish lasting good. In no case can success be predicted with certainty as its action is always individual, but it has the great advantage that it can be quickly ascertained whether indicated or not. In cases in which the



toxic effects, such as nausea, vertigo, fainting spells, etc., are produced by even small doses of the remedy; it should be discontinued. But if the toxic effects be not produced with small doses, and the latter remain without action, the dose may be cautiously increased. The form in which the remedy is administered is not a matter of importance. In Schott's experience the liquid form is the best. He has seen tablets fail where subsequently the liquid proved successful; besides the liquid allows of more varied gradation in the dose. He recommends the following formula as most advantageous :

Solut. Nitroglycerine (1 per cent.)	0.2 gme ( 3 min.)
Tinct. Capsicum.....	2.5 gme (40 min.)
Alcohol.....	12.5 gme (3½ fl. dr.)
Peppermint Water.....	12.5 gme (3¼ fl. dr.)

Dose—two to ten drops according to circumstances. In some cases of angina pectoris nitroglycerine acts with astonishing rapidity. The spasmodic condition of the heart often begins to abate less than a minute after use of the remedy which usually develops its full activity within two or three minutes. One drop of this mixture may cause spasmodic conditions to disappear. In some cases however it helps until the patient gets accustomed to it when the dose must be increased. Nitroglycerine may often be given in larger doses than it is usual to administer it, without serious consequences. Whereas 0.0005 gme. (120 or 1-60 gme.) is the maximum dose in which this remedy is usually given. Schott has seen patients take, without inconvenience, up to ten drops, several times daily of a mixture containing two and three times the nitroglycerine in the above formula. Heart disease underlying the trouble should of course be treated with other remedies since nitroglycerine is essentially symptomatic in action.

---

## DEPARTMENT OF SURGERY AND GYNÆCOLOGY.

---

IN CHARGE OF MILES F. PORTER, A. M., M. D.

Prof. of Surgery and Gynæcology in the Fort Wayne College of Medicine.

ASSISTED BY

FRED J. HODGES, B. S., M. D.

Prof. of Genito-Urinary Surgery in the Fort Wayne College of Medicine.

OPERATIVE TREATMENT OF JACKSONIAN AND FOCAL EPILEPSY.—Dr.

Charles B. Nancrede read a paper on the above subject before the Tri-

State Medical Society, at Chicago, April 7, 1896, (*Annals of Surgery*) in which he speaks in much less enthusiastic terms of this method of treatment than he formerly did.

He thinks the removal of the discharging lesion can only be regarded as palliative and that the operation-scar becomes (later on) a new source of irritation. He does not regard the operation as [dangerous and thinks that when done early it may prove curative in a few cases. Greater palliation, other things being equal, will be obtained by early operation. He advises the operation as a life saving measure in cases in which the paroxysms are practically continuous. He regards early resumption of work, especially manual labor, as dangerous after operation. All sources of either bodily or mental excitation should be avoided for a long period after operation, and "for the remainder of life if possible."

---

**CASTRATION FOR ENLARGED PROSTATE.**—Concerning the results of castration for enlarged prostate, Dr. A. T. Cabot, (*Annals of Surgery*, September, 1896.) says: "We shall be able to express the facts thus to our inquiring patients. You have eight chances in ten of getting through the operation all right, and if you are successful in this, you have again eight chances in ten, or a little better, of getting very substantial relief from your urinary difficulties."

---

**FRACTURES OF THE CRANIAL VAULT.**—Dr. Senn says that operative interference is absolutely indicated under the following circumstances: 1. All open fractures, including gunshot and punctured fractures. 2. Depressed fractures attended by well-defined symptoms, caused either by the depression or intracranial complications. 3. Rupture of the middle meningeal artery with or without fracture of the skull.—*The Railway Surgeon*.

---

**CHLORATE OF SODIUM AS A PREVENTIVE OF IODISM.**—Dr. CALOMENOPOULO found that in the case of an old syphilitic who was absolutely intolerant of the potassium salt, even when given in small doses, when ninety grains of sodium chlorate were given each day it was possible to administer forty-five grains of potassium iodide without any untoward symptoms. This was continued for about forty days.—*Notes on New Therapeutical Products*.

---

**TO DRIVE AWAY FLIES.**—Dr. H. S. Baketel of Derry, N. H., writes: "Many practitioners of medicine among the poorer classes are greatly annoyed by flies in the sick room. The annoyance to the patient is doubly great. Such, at least, was my experience not long since on New York's great east side. An excellent safeguard against these pests is the sweet



pea flower. The *Lathrus maritimus*, the purple variety, grows near the seacoast near New Jersey around the Oregon, and beside the coasts of the Great Lakes. The *Lathyrus ochroleucus* is found on the hill-sides from New England to Minnesota, and even further West. It is distinguished by its small, yellowish-white flower. Either of these varieties can be grown in the sick room, and the sweet odor emanated seems very offensive to the ordinary house fly."—*Railway Surgeon*.

---

**SYMPTOMS PRODUCED BY THE X-RAY.**—Parker (*Med. News*) reports a case in which symptoms of inflammation were set up by the use of the X-Ray for the purpose of locating a bullet. Lecerde has noticed (*loc. cit.*) an increased elimination of phosphates by the kidneys in rabbits exposed to the influence of the X-Ray for three hours. The increased secretion continued for two days. Dr. G. C. Skinner, of Cedar Rapids, Iowa, (*Jour. Am. Med. Asso.*) suffered from a severe dermatitis, followed by desquamation, as a result of three or four exposures of from ten to fifteen minutes each. The dermatitis was confined to the parts exposed and did not make its appearance until ten days after the exposure.

---

**SALINE INJECTIONS.**—In an editorial abstract (*Medical News*) of a paper by Claisse on the subject of saline injections, after a discussion of their mode of action, and the relative merits of subcutaneous and intravenous injections occurs the following: "The indications for saline injections<sup>s</sup> after profound hemorrhages are absolute, and intravenous injections are preferable to subcutaneous ones on account of their more rapid action. In serious infections (acute peritonitis, puerperal or traumatic septicemia, tetanus, eclampsia), where a temperature of 103°, or higher, shows a grave pathological condition, this method of treatment not only ought to be, but should be wisely and judiciously applied in connection with sustaining treatment.

Claisse concludes that 'These large injections of saline solution ought to be employed with judgment and prudence, as a very powerful therapeutic resource.' In them we possess an agent which, logical in theory, approved by experiment and clinical experience, is able to give happy results in conditions which have hitherto seemed beyond the resources of medicine."

## DEPARTMENT OF OBSTETRICS AND PAEDIATRICS.

---

IN CHARGE OF B. VAN SWERINGEN, M. D.Professor of Theory and Practice of Medicine in Fort Wayne College  
of Medicine.

**PUERPERAL SEPSIS.**—In the October issue of the *University Medical Magazine*, Dr. Barton Cooke Hirst gives an up-to-date resume of the above subject, from which we quote as follows: "The practical physician may draw the following conclusions, I think, as to the etiology of puerperal sepsis, the most effective preventive treatment of infection, and the resisting power of the vagina against pathogenic infection. The vagina becomes infected immediately after birth. In a normal condition it contains no pathogenic bacteria. It has strong germicidal powers which serve to guard a woman against infection. These powers depend, as far as our personal knowledge goes, upon the presence of a special bacillus, and upon the products of its life processes; upon the leucocytosis, due to chemotactic action; upon phagocytosis; upon the germicidal powers perhaps of the anatomical elements of the vagina, of the cervical mucous, and of the bloody discharges during menstruation and the puerperium.

During and after labor mechanical safe-guards of the most effective kind are furnished against infection. These are the discharge of the liquor amnii, washing out the vagina, the passage of the child's body, scrubbing the vagina out, the descent of the placenta and membranes, and the bloody discharge which follows.

Moreover, should the vagina contain pathogenic bacteria, they are likely to be in a condition of diminished or absent virulence, in which they will not be productive of disease.

Bearing these facts in mind, it seems that the common practice of relying upon simple vaginal douching for disinfecting the vagina before labor, or before some gynecological manoeuvre or operation, is faulty, not to say foolish. It has been clearly demonstrated that the injection of an antiseptic fluid into the vagina will not destroy pathogenic germs there, and will rob the woman to a certain extent of the safe-guards that nature provides for her against infection. If, therefore, under certain circumstances, it is desirable to disinfect the vagina, mere douching should not be depended upon, but the vaginal mucous membrane should be thoroughly scrubbed out as well as douched, just as one would prepare the skin for an important surgical operation. It has long been my practice not to use objective antisepsis unless I see good reasons for it in macroscopic evidence of a



pathological condition of the vagina, but to confine my efforts to subjective antiseptics,—that is, to the most thorough cleanliness of my hands, of my implement, and of the hands of the attendants who come in contact with the patient. When in consequence of some diseased condition in the vagina, it is advisable to disinfect the lower genital canal, one should proceed just as though he were about to undertake some serious gynecological operation. He should not depend, as so many general practitioners do, simply upon an antiseptic vaginal douch.

It will appear clearly, I think, to any one that these remarkable discoveries in regard to the micro-organisms normally present in the vagina, do not in the slightest degree lessen the importance of antiseptic precautions on the part of medical or other attendants upon a patient in labor. The presence of these organisms in the vagina might possibly be used as an argument against the necessity for antiseptic precautions. For, it might be said, the vagina being already infected, it is unnecessary to observe such elaborate precaution against infecting it still more.

But when one considers that the micro-organisms in the lower genital canal are not pathogenic at all in the vast majority of cases, and that when they are, nature has diminished in many an instance their virulence, it must appear that it is incumbent upon any conscientious man not to insert in the vagina infecting bacteria which may, by their number and virulence, overcome all the safe-guards that nature throws about women in this condition, and may consequently be the cause of a serious and fatal disease.

---

DISSEMINATED INFECTIONS. GANGRENE OF THE SKIN IN CHILDREN.—Mederic Cailland (*Gaz. heb. de Med. et de Chir.*, Aug. 2d.) describes this disease which occurs in two forms. In the first the gangrene appears upon a previously existing ulcer of the skin. In the second the gangrene appears after a non-ulcerating skin lesion and seems to constitute an essential element of the disease. It occurs principally in children between one and three years of age. General debility, caused by poverty and defective hygiene, and diathetic diseases play a great part in the etiology. It sometimes occurs in the form of epidemics, and is especially contagious when there are erosions and ulcerations to admit the contagion. It is especially apt to follow in the wake of any disease which affects the skin, varicella in especial. The symptoms consists in the appearance of vesicles or bullae from pin-head size to that of a bean, filled with a turbid fluid. After twenty-four hours this becomes a pustule surrounded by a yellowish-brown zone, and this by a zone of hyperemia; twenty-four hours later both pustules and zones increase in size, and on the fourth day the gangrene is

typical in form and similar to gangrene secondary to ulcerating affections of the skin. Disseminated gangrene may be situated upon any part of the skin, but is found chiefly in the lower part of the abdomen and back, upon the thighs, in the particular regions, sometimes on the face or the scalp.

In favorable cases the eschars fall in from eight to fifteen days, and the cicatrices are formed by the thirtieth or fortieth day. In severe cases the course is more rapid, fever, vomiting, intractable diarrhoea, sometimes accompanied by intestinal hemorrhage occur; the patient is pale and somnolent; death supervenes and is sometimes preceded by convulsions.

The prognosis is grave, as certainly half of the cases are fatal. That this disease occurs so rarely as a complication of the infectious diseases of childhood is due to the antiseptic and hygienic measures so generally observed. Should it appear, the most energetic treatment is demanded. Several times a day the child must be put into a three per cent. boric acid or 1:10,000 bichloride bath. The lesions must be covered with a wet dressing in the beginning and if they are suppurate; later with antiseptic powders in moderate amount. Collodion is to be avoided.--*Am. Jour. of Obstetrics.*

---

**A DIPROSOPIIC MONSTROSITY—A RARE CASE OF TERATISM.**—Dr. W. A. Newman Darland records (*Univ. Med. Mag.*) an interesting case of this rare abnormality, which was born in the village of Ban Laam, a few months ago, of Siamese parentage.

It was a female and had four eyes, two mouths, and an unusual width of head. The child survived for fifteen days, eventually dying of inanition, which was induced by an inability to retain the nourishment taken, since the milk introduced through one mouth was immediately regurgitated through the other, thus proving the existence of a common oesophagus opening into the two oral cavities.

---

## DEPARTMENT OF OPHTHALMOLOGY, OTOTOLOGY LARYNGOLOGY AND RHINOLOGY.

---

IN CHARGE OF ALBERT E. BULSON, JR., B. S., M. D.

Oculist and Aurist for St. Vincent's Orphan Asylum, and the Allen County Orphan Asylum. Professor of Laryngology and Rhinology in the Fort Wayne College of Medicine, Fort Wayne Indiana.

**HEALING AFTER CATARACT EXTRACTION.**—In conducting a Polyclinic class through Wills Hospital wards, Dr. Risley called attention to a case of



*cataract extraction* which had been operated on two days before. The anterior chamber had not been reformed, and a close examination revealed a small point at the nasal side of the wound, which had not completely healed. Dr. Risley stated that, in such cases, special care should be taken, as there was risk of infection through the open wound, though this risk was small, because of the outward direction of the escaping aqueous fluid. The temptation to prevent infection by too frequent flushing of the conjunctival sac with antiseptic washes must be guarded against, since they cause irritation and prevent rapid healing. The best plan is simply to examine the dressing and condition of the lids with comparative frequency, and if there is no unusual discharge, and the lids are not red or puffy, to re-apply the bandage without opening the eye. The quiet thus maintained favors healing of the wound and does not materially increase the danger of infection, if the eye and conjunctival sac are made aseptic at the time of applying the bandage.—*Philadelphia Polyclinic.*

---

**DACRYOCYSTITIS AND ITS TREATMENT.**—Dr. A. E. Davis, in the current number of *The Post Graduate*, concludes an article on the subject with the following:

1. In acute cases, irrigation of the sac with antiseptic solutions along with injections of mild astringents should first be tried.

2. Slit the canaliculus and pass probes.

In chronic cases: 1. If the canaliculus has not already been operated on this should be done at once.

2. Gradual dilatation of the stricture in the nasal duct by Bowman's probes should follow. The larger the probe that can be passed without traumatism to the duct wall the better. Irrigations and injections may be used in conjunction with probes.

3. If probing fails, the permanent styles are to be tried.

4. As a last resort, destruction of the lachrymal sac.

5. Strict attention should be given to the nose as to examination and treatment in all cases.

---

**QUINSY. THE DIFFERENTIAL DIAGNOSIS AND TREATMENT.**—Dr. J. Homer Coulter, in the *Journal of the American Medical Association*, emphasises the importance of discriminating between the ordinary forms of tonsillitis and quinsy. The terms tonsillitis and quinsy are used by many so-called authorities indiscriminately, but it should be understood that there is a vast difference between the ordinary tonsillitis and true quinsy, which anatomically and pathologically is nothing more or less than a peritonsillar abscess. In ninety per cent. of the cases the origin of quinsy is in the peritonsillar areolar tissue. Oftentimes on account of the intensity of the inflammation; and edema, the tonsil is protruded, but seldom indeed, if

ever, is it involved in the inflammatory process anterior, posterior, or, in severe cases, surrounding it.

Dr. Coulter believes that rheumatism does not figure as an etiological factor in the development of quinsy any more than does a neurotic temperament. He believes quinsy to be due to a specific bacteria, the exact nature of which remains to be discovered. His definition of quinsy is "an acute inflammatory action in the peritonsillar areolar tissue, usually resulting in a suppurative process."

As treatment the author discountenances any and all efforts to abort a genuine quinsy, reasoning that the case is seldom seen until the disease has progressed for twenty-four or more hours, and that at this stage it is out of the question to think of aborting the trouble.

In every case it is advisable to give a good mercurial cathartic followed by a saline. Surgical procedures are not thought of unless pus is detected.

Out of the various therapeutic remedies recommended for the disease, including quinine, opium, guaiacum, sodium salicylate, aconite, belladonna, and lastly salol so highly recommended by Dr. Newcomb and much employed at the present time, not one can be counted as a specific. After having tried all of these remedies with more or less success for a period of several years, Dr. Coulter has finally adopted as standard treatment, lactophenin, which is given in ten grain doses every three hours, supplemented by the customary hot water gargling and local soothing applications. In a large number of cases this remedy has given most gratifying results, and that after being employed in all stages of the disease. Its action is prompt, relief usually being secured not later than the fourth or fifth hour after the first administration, and there are no undesirable after-effects. It not only relieves the pain but reduces the fever with equal certainty, and it can be given in conjunction with other remedies demanded to retract systematic dyscrasia.

---

**CONTAGION IN TELEPHONE TRANSMITTERS.**--Dr. Emil Weschcke, in the *Pacific Medical Journal*, states that telephone transmitters and speaking tubes are great collectors of dirt which includes large amounts of organic matter, such as foods, saliva, etc., which forms a special culture-ground for bacteria. He is convinced that diphtheria, consumption, scarlet fever, syphilis, cancer, lupus and other diseases are readily transmissible through contact with instruments so infected. He proposes the use of an antiseptic gauze screen to be interposed between the mouth of the speaker and the instrument.

---

**THE USE OF FRICTION IN THE TREATMENT OF NASAL SYNECHIAE.**--Every rhinologist recognises the difficulty that is sometimes found in pre-



venting a reformation of synechiaie or adhesions between the septum and turbinated bodies. Various procedures have been recommended to overcome this difficulty, each being more or less successful depending upon the extent and character of the adhesion and the amount of space in the nasal cavity.

Dr. A. W. Watson, in the *Philadelphia Polyclinic*, recommends a new treatment for this class of cases which consists in applying friction to the granulated surfaces, rubbing off the exuberant tissue and smoothing the base. This friction probably so alters the circulation as to produce absorption of the inflammatory products, and produce a healthy condition which results in quick healing. In a large number of cases in which this method has been employed the results have been entirely satisfactory. The cicatrix is broken down by means of a small pledget of cotton and rubbed until the base seems fairly smooth. The friction should be repeated on alternate days until a flat smooth cicatrix is obtained.

---

#### CHRONIC PHARYNGITIS.—

R. Sodii.....gr. vi.  
 Potassii iodidi. ....gr. xii.  
 Mentholis,  
 Glycerini.....aa q. s ad℥i.  
 M. S. Locally t. i. d.

—*Medical Record.*

---

#### EPISTAXIS—

R. Hydrarg. chloridi corros.....gr. i.  
 Acid. hydrochloric. dil.,  
 Tr. cannabis ind.....aa ℥ ij.  
 Ergotin.....℥ss.  
 Syrup. simp.....℥i.  
 Infus. quassiae amar.....℥vij.  
 M. S. Three teaspoonfuls a day in a glassful of water.

—*Medical Record.*

---

#### BROMOFORM IN PHTHISICAL COUGHS.—

R. Bromoform.....30 gtt.  
 Alcohol .....10 gm.  
 Syrup ipecac compound.....100 gm.  
 Syrup opium.....100 gm.  
 Syrup cherry-laurel.....190 gm.

Mix in order indicated to obtain a clear mixture. Dose, three or four tablespoonfuls daily, between meals.

—*Medical Record*

# FORT WAYNE MEDICAL MAGAZINE.

---

VOL. IV.

DECEMBER, 1896.

NO. 12.

---

## ORIGINAL ARTICLES.

No paper published or to be published elsewhere as original will be accepted in this department.

---

### *QUINSY—ITS CAUSE AND PREVENTION.*

By L. C. CLINE.

Indianapolis, Indiana.

Professor of Laryngology and Rhinology in the Medical College of Indiana.

I use the term "quinsy" not as a scientific term, but because of its common use and its carrying with it an impression of something more than the ordinary affections of the throat. It is my purpose to speak only of two phases of the subject, namely, its aetiology and prevention. When we study the text books on this subject, we find they all lay stress on the conditions that contribute to its development; viz., temperature, moisture, age, rheumatic and strumous tendencies and anything that tends to lower the tone and vitality of the general system, but they all leave us in doubt as to the real cause.

All authorities to which I have access lay great stress on the rheumatic diathesis and the probable part it plays in its production. It is also a matter of common observation that mental



depression and unusual worry and care contributes to its development, all of which conditions harmonize with the theory of infection.

A considerable experience in observing the different varieties of tonsillitis force me to believe that they are all due to infection. Bacteriologists tell us that the conditions necessary for the growth of bacteria are a certain degree of heat and moisture with a liberal supply of food, oxygen, seclusion and rest, all of which conditions we find abundantly supplied in position and anatomical construction of the tonsils. Swarms of bacteria can find lodgement in crypts of the tonsils and there receive all the necessary elements of food both from lymphatics beneath or the oral cavity. Quinsy never occurs in the normal or healthy tonsil, but only in cases where there is hypertrophy or a chronic or subacute inflammation with consequent local depression of vitality, thus enabling the microbes to invade the deeper tissues and produce the inflammatory conditions that are incident to their growth. As a direct result of subacute inflammation of the follicles may be added the cheesy concretions which may decompose and form follicular abscesses. These decomposing masses of cheesy matter swarming with streptococci are the cause of a large per cent. of the cases of quinsy. The immediate relation that exists between tonsillitis and rheumatism is a matter of common observation which has led many to believe that the attacks are due to rheumatism, and this view has been supported and strengthened from the favorable results of the anti-rheumatic treatment. In a large per cent. of the cases that I have investigated the rheumatism was preceded by an attack of tonsillitis.

New light has recently been shed upon this subject by the investigations of Dr. H. H. Wagner, of San Francisco, and reported in the *New York Medical Journal*, October 27th. Dr. Wagner found that by aspirating the joints of rheumatic patients with a hypodermic needle, the fluids taken from these joints and also the urine contained the same bacteria that were found in the inflamed tonsils a few days prior to the attack of rheumatism.

His investigations pretty clearly show that the supposed rheumatic inflammation of the joints following acute attacks of tonsillitis were due to infection through the tonsils, thus showing that rheumatism was a result of tonsillitis, rather than the tonsillitis the result of rheumatism. Enlarged cervical glands are a matter of common observation during an attack of acute tonsillitis, the most reasonable explanation of which is infection. The exciting cause is usually attributed to wet and cold. Why should exposure to wet and cold cause tonsillitis more than inflammation of any other part of the body? When we have toothache, conjunctivitis or appendicitis do we attribute it to a general systematic infection, or do we look for local causes?

We should no more expect tonsillitis or quinsy to occur without a local cause than we should expect toothache in a perfectly sound tooth. Hypertrophy and chronic inflammation of the follicles of the tonsils results in the formation of cheesy masses that undergo decomposition, and are the hot beds for the growth of bacteria, which may seize the opportunity of invading the deeper structure when the vital forces are lowered by exposure to wet and cold. Or these cheesy masses may be imprisoned in the crypts by closure of the lacunae, resulting in local tonsillar abscess, which involves the deep cellular tissue rather than the hard cicatricial tissue of the tonsils, thus producing quinsy.

Bryon Delevan, in his article on this subject in "Reference Hand-book of Medical Science," says: "There can be no doubt but that septic influences play an important part in production of tonsillitis," and he predicts that "this question will receive, in the future, more extensive consideration than has heretofore been accorded to it."

To sum up, quinsy is an infectious disease, caused by retention and decomposition, in the crypts of the tonsils, of concretions which are the result of hypertrophy, and subacute inflamed and hypertrophied tonsil. It is not the purpose of this brief paper to enter into the treatment of quinsy after infection has taken place, but to speak only of its prevention and permanent



cure. Can we cure or prevent the return of quinsy? I believe we can, by destroying the crypts or pockets through and in which infection is allowed to enter. I have never yet met with a case that gave history of recurring attacks that did not present a hypertrophic tonsil, or a chronic subacute inflammation of the crypts or both. I have also found that these cases all give a history of occasionally expectorating cheesy concretions, and careful examination would reveal them in some stage of development.

Therefore, the cure consists in removing all that portion of the tonsil that projects into the pharynx beyond the pillars, and then destroying the remaining ends of the crypts with the galvano-cautery or caustics. If this is done thoroughly you can promise your patient that their immunity is as certain as that they will not have measles a second time. After the age of thirty-five patients grow less liable to the disease on account of the atrophic change that takes place in the tonsils.

I will sight the following case, selected from a number of cases, as a representative of the plan of treatment and cure. Mrs. A., age forty, came to consult me in April, 1891, stating that she had quinsy from two to four times a year for several years and that she lived in constant dread of another attack. On examination, I found the tonsils hypertrophied, medium in size, irregular in out-line and honey-combed in appearance, with several pockets containing cheesy concretions. After the removal of all of the tonsil that could be forced into the tonsillotome, I then destroyed all the remaining ends of the crypts and pockets with the galvano-cautery which gave the patient grateful and permanent relief. This patient has had several colds since the treatment, but has never had any further trouble in the region of the tonsils. In the absence of the cautery the crypts may be destroyed with caustics, such as silver nitrate, chromic or nitric acid. In conclusion, I beg to submit, that in my judgement all cases of recurring attacks of quinsy can be cured by such treatment as has been indicated.

42 East Ohio street.

*THE SURFACE THERMOMETRY OF THE HEAD IN  
DISEASES OF THE BRAIN.\**

By G. W. McCASKEY, A. M. M. D.

Professor of Nervous and Mental Diseases and Clinical Medicine in the Fort Wayne  
College of Medicine, Fort Wayne, Indiana. President of the Northern  
Tri-State Medical Society, and Upper Maumee Valley  
Medical Associations.

What is the present value of surface thermometry as a diagnostic aid in diseases of the brain? Such is the question I shall attempt to answer, on the basis of well known scientific facts, recorded experimental data, and some personal observations.

The very first step must be an inquiry into the thermogenic conditions of the normal brain and its encasement, together with the physico-chemical laws and conditions by which they are modified. The classical researches of Lombard, covering some 6,000 observations made with the most accurate thermo-electrical apparatus and scientific care, showed an extreme range of from 94.8 F. to 97.8 F, or a variation of 2.7 F.

This probably represents about the ordinary limits under normal conditions. Such extreme ranges as those found by Schiff must be set down to remarkable idiosyncrasies or occult morbid processes. This range it will be observed is no greater than that found in axillary and rectal temperatures, although observers differ greatly in regard to the latter. Thus Finlayson found a range in the general temperature of 3.6 F.; while Paul Bert places the normal excursion at 1.8 F. It would thus appear that the surface temperature of the head, with proper precautions, varies quite as little in health as that of the mouth or rectum.

Read before the Delaware District Medical Society, July, 1896.



The temperature of the air, as shown by Lombard, has much to do with the surface temperature of the head. Of course it is frigeration that is mostly to be guarded against; and Lombard found that with the average temperature of the air ranging from 44.6 F. to 65. F., the surface temperature of the head varied from 93.5 F. to 96.4 F., a range considerably lower than that found in warmer atmospheres. It is therefore, I think, advisable that the temperature of the room in which surface temperatures are clinically studied should be 80 F. or more, and should be free from draughts; and, it seems to me, the entire head should be enveloped in a somewhat impervious covering to prevent frigeration of areas of the scalp contiguous to the point of observation, which, owing to their free vascular connection would certainly influence the latter. The disc of the thermometer must be well protected from the air by a non-conducting pliable material, through holes in which the stem should project. Ample time should be given for perfect equalization of the temperature of the thermometer and scalp. The pressure of the thermometer upon the scalp should be quite firm with a view of producing anemia of the latter so that the thermometer will be influenced as little as possible by the blood of the scalp.

At the moment of reading, the pressure of the thermometer, if it is not self-registering, should be relaxed until the column of mercury ceases to fall. My own observations have been made with non-self-registering thermometers, and while I have had no experience with the self-registering surface instrument I am of the opinion that the former kind is to be preferred because of the fact that pressure would force the column of mercury up, and the self-registering index would remain up while the unbroken column would recede to the proper level. While this source of error is said to have been reduced to a minimum in Gray's modification of Seguin's thermometer, yet that it still exists is indicated by the precaution constantly urged by observers that the pressure of the thermometer upon the scalp should be equal—a practical question of very difficult solution.

The hair ought to be closely shaved or at least closely clipped. The electro-thermal apparatus is of course more delicate for scientific investigation, but I agree with Amidon that it is too delicate for ordinary clinical purposes. As clinicians we are not practically concerned with a variation of one-thousandth of a degree, however interesting it may be in psycho-physiologic research.

Having given due attention to the technique, which is troublesome and laborious, but without which the results are in large measure vitiated what we really ascertain is the temperature of the skin at some selected spot, and its value hinges entirely upon the accuracy with which it indicates the relative (but not necessarily the absolute) temperature of the underlying portion of the brain. We have to deal with very complicated conditions. The brain under normal conditions, notwithstanding its large mass and highly organized structure, does not appear to have very high temperature. Davy long ago declared that thermometers registered lower when plunged deeply into the brain tissue through the foramen magnum of decapitated animals than when introduced into the rectum. His observations, however, preceded the era of scientific exactness and are therefore open to criticism; but Schiff plunged electro-thermic needles into the brain tissue through holes drilled into the skull of curarized and alcoholized living animals and obtained temperatures lower than those of the surface, which I have already quoted from Lombard and which it will be remembered are not much below the average of axillary and rectal temperature.

These are facts and should be kept in mind in estimating the value of absolute cerebral temperatures. But whatever may be the exact absolute temperature of living normal brain tissue there is a considerable amount of heat constantly generated, the surplusage of which in order to keep the brain at the normal temperature must be removed in some manner. A definite proportion of it, impossible of exact determination, is carried away by the venous blood. The remainder can only escape by con-



duction towards the surface. But it meets in its pathway, first in the pia mater, then in the dura mater and diploe, and finally in the remarkably vascular scalp myriad networks or almost walls, of circulating blood, which will absorb and carry away another modicum of this heat. In thermometric observations Schiff has attempted to get rid in a measure of the intervening scalp blood, by squeezing it out by pressure between the skull and thermometer. The active vascular network of the diploe and meninges cannot of course be thus influenced. The limits of time forbid the further pursuit of these physical problems except to remark that, after making due allowance for all these conditions, a certain indefinite quantity of heat passes directly to the surface and distinctly influences the temperature of the overlying skin.

The influence of warm water thrown within the membranes in raising the temperature of the skin in the cadaver has been experimentally demonstrated by Maragliana; the circulating blood of the living tissue can only diminish, but cannot prevent its occurrence. It has been calculated upon purely physical grounds that if the surface of the living brain is raised one degree, one-half of that heat is lost in the blood between the brain and skin and one-sixth in tissue resistance, thus producing a rise of one-third of one degree on the surface of the head.

We find, therefore, that what we have really registered with our surface thermometer on the scalp is the absolute temperature of the skin, which is the resultant of all the chemico-vital processes occurring between it and the brain and within the latter, minus the heat lost in transit; but that it is palpably modified by the heat of the brain, which modification is readily estimated by the surface thermometer.

It is probably very nearly superfluous to remark that local morbid processes in the cranial wall must be excluded as causes of surface temperature modifications, before the latter can be assigned a definite value in the diagnosis of intracranial disease.

The functional processes of the brain must have a consider-

able influence upon the amount of heat generated, and consequently upon the surface temperature of the head. This has been proven experimentally especially with reference to intellectual processes. Intense mental efforts, sustained for an hour or more, only produce, according to Lombard, a rise of from  $.115^{\circ}$  F.,—too small to be of practical clinical interest although of high scientific value. Gray however found a much greater rise—as much as 2.6 F. Amidon obtained remarkable elevations of two degrees over the brain centres of certain groups of muscles by having the muscles thrown violently into action for some minutes, the experiment being undertaken to test the hypothesis that the functional activity of the centre would raise its temperature. His results were not sustained however by Paul Bert, nor by Francois Franc, while Lombard found the average temperature lower rather than higher, though more frequently uninfluenced. We therefore conclude at present that while for other and various reasons a quiescent state should precede and accompany the clinical study, yet we need not fear the disturbing influence of the normal functional process of the brain in any event unless excessive and prolonged.

We have still to inquire in how far a local process producing a rise of temperature on the surface of the brain at some particular point, will be indicated by a local rise in the temperature of the overlying scalp. Here again Lombard's extensive and careful investigations seem to reliably indicate the normal variation between the two sides and different regions of the same side. I can not enter into details but must say briefly that the normal surface temperature of the two sides of the head is seldom equal; that one side is as liable to have the higher temperature as the other, contrary to Broca and Gray who found the left side of the head slightly warmer in right handed persons, and that the ordinary differences observed ranged from 1.40 to  $\frac{1}{2}^{\circ}$  F. with rare extremes of 0 to 1.18 F. Practically the same variations though of course somewhat less on the average, were found between different regions of the same side. In brief the thesis



seems experimentally established that the normal differences of temperature which constantly occur between well defined, but not to small areas of the brain surface, are relatively indicated on the surface of the head.

What then may we expect to find in the way of temperature modifications as the result of morbid processes within the cranium? The laws of pathology are the same, subject of local conditions, here as elsewhere. In acute metritis for instance, Hun-kiar-beyendian, in his Paris thesis, records the temperature of the interior of the uterus as 101.3 F. Clinical observations of a striking character in reference to the brain are not lacking. Thus Dr. Mary Putnam Jacobi records a case of tubercular meningitis with temperature of 101.8 F. over frontal, and 104-105 F. over occipital region where tubercular processes, especially in the pia were active. In one case of meningeal hemorrhage verified by autopsy, I found temperature over frontal region 103-4° F., with axillary temperature of about 100 F. In several cases of brain tumor which are still under my care and upon which I have made several hundred surface temperature observations, the most capricious fluctuations have been observed, although the temperature of the head has been almost constantly abnormally elevated. One of the cases gave such apparently contradictory results that it seems worth a reference. It is that of a case of brain tumor for the study of which I am indebted to Drs. Hatfield, of Bluffton, and Wheelock, of Fort Wayne. The diagnosis was made of a neoplasm in the left pons region probably tubercular in character, the diagnosis being based briefly and in part upon double choked disc and involvements of fifth, seventh and eighth nerves. To my surprise the thermometer showed a temperature on the R. side 1½ F. or even more above the L. The preponderance of the high temperature since that time, while it has shifted many times, has probably been in favor of the right. The only significant thing has been that it is almost constantly elevated while the temperature under the tongue is usually normal. In such a case with only one or a few temperature

observations, the focal symptoms must of course decide the diagnosis. It shows, however, as Seguin pointed out a quarter of a century ago and as every competent clinician recognizes to-day, that a single thermometric observation should rarely if ever be relied upon as an important factor in diagnosis. I have not the time to speculate upon the anomalies of this case. They are probably to be explained by the very deeply seated location of the tumor; by the possible or even probable multiple character of the growth thus influencing the temperature locally at different points; and through the general circulatory derangement or disturbance of the cerebral heat centres. In another case under the care of Dr. C. B. Stemen, in which upon other grounds I had made the diagnosis of a tumor in the right sylvian fissure, the diagnosis was confirmed by finding the surface temperature constantly from one to one and one-half degrees higher than upon any other point upon the head. In this case, still living, operation was advised but declined. Dr. Mills found in a case of brain tumor an elevation of 3 degrees. Such a variation is strictly within physiological limits. However it is probably true in local as it certainly is in general thermometers, that a level temperature near the higher limits of the normal excursion is morbid. In the light of this fact numerous observations should be made and a relatively slight elevation if found persistent should be given considerable weight, inasmuch as it means much more at the surface of the brain.

Lowered temperatures are scarcely less important than elevated ones. Thus Broca found a fall of 4 degrees (C?) over the area of a brain embolism. Indeed important aid might in some cases be derived from surface thermometry in the differential diagnosis between embolic and inflammatory softening. In a case of inflammatory softening recently referred to me by Dr. E. Merriman, of South Whitley, Ind., the temperature over the softening area was from 4 to 6 F. above the normal. Although therapeutics is not within the scope of this paper, I cannot refrain from remarking that in this case the persistent application



of the ice bag not only lowered the temperature which might be plausibly said to be simply due to frigeration of the scalp, but would keep it down for from 12 to 20 hours, after which again it would slowly rise to about the same point as before, not reaching it however until after the lapse of 24 to 48 hours. Such an observation clearly indicates the value of surface thermometry as a guide to therapeutic procedure in certain forms of brain disease, as well as the lasting effects of ice applications on the temperature of the brain itself.

In the light of these facts and others equally important but omitted for the sake of brevity, what is the fair, conservative diagnostic value of surface thermometry in brain disease? Bearing in mind the oscillatory waves of both morbid and normal human temperature, first established by the genius and tireless labors of Wunderlich, and later especially elaborated with reference to the head by Broca, Schiff, Lombard and others, we are prepared to exercise caution in accepting these observations in support of diagnosis. There is also much to be worked out in reference to the thermal influences of the sympathetic and of the cerebral heat centres. Schiff, for instance, asserts that the temperature fluctuations of the head cease upon section of the sympathetic; irritative and paralytic lesions of which may therefore be fairly assumed to exercise a perturbing influence upon cerebral temperatures. Notwithstanding these observations however, and notwithstanding the disturbing influences of environment upon cephalic as upon other peripheral temperatures the fact appears perfectly patent to me that we can no more afford to neglect surface thermometry in the study of brain disease, than we can axillary, oral and rectal temperature in the study of general disease. It is as true in one case as in the other that we will often get negative and occasionally paradoxical results; that the temperature observations must be compared with focal and other symptoms and given now a high and now a subordinate value; and that in the one case much more than in the other, a somewhat laborious technique and scrupu-

lous regard to environment are essential to the attainment of trustworthy results.

The surface temperature will not, any more than will a focal symptom, determine the pathological nature of a cerebral lesion. It will however, give us information upon two points, viz., the vascularity of the tissue and the intensity of tissue metabolism. These are both increased in inflammatory processes, the latter being the more important factor, as first shown by the observations of Simon and verified by Weber that the focus of inflammation is hotter than the blood emanating from it. The surface thermometer will not tell us then whether or not there is a tumor, an abscess, or a hemorrhage, for with these conditions the temperature may remain within the normal range; but if the phenomena of inflammation are associated with the tumor, the abscess, or the hemorrhage as occurs to a greater or less degree in practically every case and just in the proportion to the extent that this occurs, we will have increased vascularity and intensified metabolism with the necessary rise of temperature of the surface of the brain which will be relatively indicated on the surface of the head with the certainty of physical law, but in varying degree and subject to modifying influences.

I can not enter into the detailed discussion of the surface thermometry of the head in particular diseases. A few general statements must suffice. In meningitis of the acute or subacute type, so far as recorded observations indicate, the surface temperature of the head is invariably elevated out of proportion to the general temperature and to the greatest degree over those areas in which the inflammatory process is most intense.

In cases of brain tumor the surface temperature is elevated in proportion to its proximity to the surface, and the rapidity of growth and consequent irritative phenomena.

The temperature is often within physiological range, as is the general temperature in many cases of pulmonary tuberculosis, in which case it is necessary to study the temperature curve for a considerable time when even a slight but practically constant



elevation of the line can be assigned a definite value. What has been said of tumors is true in a general way of abscesses and hemorrhages. In embolism the temperature as already stated has been found lower over the embolic area. In regard to insanity the evidence is somewhat conflicting, though observers are generally agreed that there is an elevation in acute mania as shown by Maragliano, Sepoilli and others. But I cannot proceed further along this line and will conclude by remarking that if this essay has succeeded in more pointedly directing the attention of my colleagues to an important aid in a difficult field of diagnosis, it has achieved the purpose of the writer.—Reprinted from *The Alienist and Neurologist*.

107 W. Main St.

---

### *FORMIC-ALDEHYDE-GELATIN; PERHAPS THE IDEAL ANTISEPTIC.*

A problem in antiseptic wound treatment has been to maintain the germicide within the tissues while healing progresses, yet to avoid toxic effects, local or general. Usually all of the antiseptic is absorbed in a few hours, when, if microbes are present, prompt extension of infection takes place. As a result of a series of experiments to secure an antiseptic which would supply all requirements, Dr. C. L. Schleich,<sup>1</sup> the ingenious and brilliant chemist-surgeon of Berlin, has discovered a compound of gelatin and formic aldehyde which he regards as the ideal antiseptic. This material, which is claimed to be a definite chemical compound, is made by exposing melted gelatin to formic aldehyde gas in a closed chamber. The product is a semi-translucent mass of stony hardness. When ground or filed to a coarse powder it is already for use.

This material, when brought in contact with living body cells, is decomposed; the gelatin is slowly absorbed or eaten up,

<sup>1</sup> *Therap. Monatshefte*, February, 1896.

the trace of formic aldehyde—the strongest known antiseptic—is set free, and prevents the development of bacteria. The amount of antiseptic thus liberated is too small to give the slightest risk of poisonous effects even if large quantities of the drug are used. It has proved impossible to poison animals with it. Schleich goes so far as to state that no aseptic or antiseptic measures are necessary before, during or after operations if the new drug is freely used; also, he considers dressing superfluous upon most wounds if the powder is rubbed along the line of suture, where it speedily forms an insoluble occlusive scab with the serous or bloody discharge, and enough of the formic aldehyde is subsequently liberated to prevent growth beneath it of skin bacteria or other microbes. It is said to be equally efficient in suppurative processes. If a little of the powder is introduced after incision or aspiration of an abscess all inflammation ceases and healing almost by primary intent without further pus formation may be expected. The powder is bland and unirritating, and can be freely used in the peritoneal or other serous cavities. In presence of slough or other dead tissue the substance remains inert, but Schleich has further found that under such conditions, if the gelatin compound is moistened with a pepsin and hydrochloric acid solution while in the wound, that, as the gelatin is digested, the formic aldehyde is liberated, while at the same time the necrotic tissues are liquefied and aseptic healing established.

It appears to have been proven that this compound is completely replaced by connective tissue as the gelatin is taken up by the body cells. Hence its originator further suggests that it could be melted and cast into various shapes to fill the operative defects in soft parts or bone, or if impregnated with calcium salts (Gottstein) may be employed to supply defects of bone.

A considerable experience with this antiseptic in the service of the Polyclinic Hospital and elsewhere inclines us to agree in part with Schleich as to its advantages in promoting aseptic



healing, but we have not felt justified as yet in omitting any of our former precautions in making or treating wounds. We have been particularly gratified with its effects in compound fractures or other wounds coming to hand filled with street dirt, also in septic peritonitis. No local or general tonic effects have been noted, but profuse secretion of clear serum occasionally takes place and requires free drainage. Upon septic ulcerative processes it has not proved satisfactory. \*

Formic-aldehyde-gelatin may or may not prove to be the ideal antiseptic which, like the fountain of youth, has been so long and so ardently sought for. But in the theory we have an entirely new departure which opens up a very wide and enticing field for experiment.—Editorial *Philadelphia Polyclinic*.

---

# Fort Wayne Medical Magazine.

---

VOL. IV.

DECEMBER.

NO. 12.

---

## EDITORIAL STAFF:

ALBERT E. BULSON, JR., B. S., M. D., MANAGING EDITOR,  
19, 20, 21 Pixley-Long Building.

MILES F. PORTER, A. M., M. D.,  
47 West Wayne Street.

GEORGE W. MCCASKEY, A. M., M. D.  
107 West Main Street.

BUDD VAN SWERINGEN, M. D.,  
26 West Wayne Street.

FRED J. HODGES, B. S., M. D.  
Anderson, Indiana.

---

A Journal of Medicine and Surgery, Published between the 1st and 10th of every month. Price, \$1.00 per Year, Postage Paid.

This Journal is devoted entirely to the advancement of medical science. Essays, Clinical Reports and Personal Communications of a medical nature are solicited. All Contributors are responsible for their own utterances.

All Communications, Subscriptions and Books for Review should be addressed to the Editor of THE FORT WAYNE MEDICAL MAGAZINE, 21 Pixley-Long Block, Fort Wayne, Indiana.

---

## EDITORIALS.

### THE LAST NUMBER OF THE MAGAZINE.

With this number ends the existence of the *Magazine* as an independent publication. Beginning with January, 1897, there will be issued from this office, the initial number of a new monthly periodical which will be known as the *Fort Wayne Medical Journal-Magazine*. The new journal is the direct outcome of a consolidation of the *Magazine* and the one other medical periodical published in the city of Fort Wayne, the *Journal of the Medical Sciences*.



The *Fort Wayne Medical Magazine* was established four years ago under favorable circumstances, and its success since that time is best attested by the gradual but constant increase in the number of subscribers, and the hearty encouragement given by those who have thus tendered the substantial support which receives the highest recognition and appreciation from the editor and publisher of any periodical depending upon patronage for its maintenance.

Notwithstanding the fact that the *Magazine* has been successful in securing the encouragement and support of several hundred physicians throughout Indiana, Ohio and Michigan, where it principally circulates, it has been apparent to the editors and proprietors, as well as the editors and proprietors of the *Journal of Medical Sciences*, that two medical periodicals issuing from one city, and circulating essentially over the same territory, must of necessity divide the patronage to a more or less extent. It also became apparent that a consolidation of the interest of the two medical periodicals would be advantageous from more than one point of view, and to that end negotiations for the consolidation of the two journals have been pending for some months, eventually resulting as herein announced.

To all those, advertisers, contributors and subscribers alike, who have generously contributed to the success of the *Fort Wayne Medical Magazine* we tender our sincere thanks, and in closing with this the last number (which completes the fourth volume), we especially solicit the same encouragement and support for the new periodical which is soon to be issued.

The *Fort Wayne Medical Journal-Magazine* will make its initial appearance with the beginning of the new year. In addition to the editors now connected with this periodical, who will act in the same capacity with the new periodical, the editorial staff of the *Journal-Magazine* will carry the names of C. B. Stemen, A. M., M. D., L. L. D. (department of railway surgery), A. P. Buchman, A. M., M. D. (department of diseases of the digestive

system), and G. C. Stemen, A. M. M. D. (department of dermatology and genito-urinary diseases), all formerly connected with the *Journal of the Medical Sciences*. The editorial management has been entrusted to the care of Albert E. Bulson, Jr., the present managing editor of this journal.

The new *Journal-Magazine* will contain fifty-six pages of reading matter, consisting of original articles, society reports, editorials, special departments, and book reviews. It is to be devoted entirely to the advancement of medical science, and to that end essays, clinical reports, and personal communications of a medical nature will be solicited. The subscription price will be the same as the subscription price of the *Magazine* or *Journal of the Medical Sciences*, \$1.00 per year, prepaid. All unexpired subscriptions to either the *Fort Wayne Medical Magazine* or *Journal of the Medical Sciences*, will be carried by the new *Journal Magazine*.

We fully appreciate the increased responsibility attached to the editing of a periodical larger than the *Magazine* and with greatly extended circulation, and also appreciate the fact that many improvements are not only expected but warranted. We feel, however, that our experience of the past has been a good teacher, and that with increased and indefatigable efforts we will be able to produce a periodical which we think will be worthy of the patronage and support of all physicians who appreciate a progressive and practical medical publication.

As friends of the *Fort Wayne Medical Magazine* we bid you farewell, but not without welcoming you as friends of the *Fort Wayne Medical Journal-Magazine* in which we will soon be interested and in whose behalf we solicit your good will and support.

B.

---

#### SERUM DIAGNOSIS OF TYPHOID FEVER.

The Bacteriologists are constantly proving what valuable, and even indispensable, adjuncts they are to the general practitioner. They now come forward with what promises to be



a certain method for the early diagnosis of typhoid fever, and the Boards of Health are taking the matter up and are preparing to make these diagnoses. And be it said to the credit of Fort Wayne and its enterprising City Bacteriologist that we have now that opportunity offered us.

The value of any such method is easily appreciated. Obscure fevers are to be cleared up; light is to be thrown upon them. Appendicitis will not for long be confounded with enteric fever. Sepsis, in all its manifold forms, can not be mistaken any longer.

The test depends upon a discovery by Pfeiffer, of Berlin, and Widal, of Paris, who found that the serum obtained from the blood of a typhoid-fever patient is capable of so acting upon pure bouillon cultures of typhoid bacilli mixed with it as to abolish the active motion so characteristic of that organism in fluid culture media, and to cause an agglutination of the individual bacilli in large groups or clumps. With the serum of healthy persons or those suffering from febrile diseases other than typhoid, the motion continues indefinitely when mixed with a typhoid culture.

It has further been found that the blood need not be fluid, but that when dried blood is moistened by a little water, if it be typhoid blood, it possesses the same property of inhibiting the motions of the typhoid culture.

Johnson, of Montreal, demonstrated the feasibility of using this as a means of early and rapid diagnosis, during the meeting of the American Public Health Association in September, 1896, at Buffalo. Gehrmann, of Chicago, immediately put the system in vogue in the Health Department of that city, and now Dr. Drayer, of our own city, announces that he is ready to make these diagnoses for physicians in the city.

In collecting the drop of blood a sterile plate should be used, the skin over the site of the prick (generally the tip of the finger or lobe of the ear is selected) being first rendered aseptic. The Chicago Board provides a mica plate as being better than sterile paper on account of its non-absorbing qualities. A glass

slide answers every purpose however.

We know the profession here is daily increasing in its dependence upon the city bacteriologist and this additional aid will not lessen its dependence. S.

---

### THE CLINICAL CHRONICLE.

The *Clinical Chronicle* is a new medical periodical published ter-annually, which made its appearance with the beginning of this year, the first number of which has but recently reached our desk. It is edited by Dr. Eric Sattler, of Cincinnati, Ohio, and appeals especially to that large class of general practitioners who are compelled to do more or less nose, throat and ear work. In the announcement the editor states that the periodical is intended to present practical clinical pictures from the Elsberg nose, throat and ear dispensary and private practice. It also contains notes of advance and progress made the world over, including rare cases, new methods of treatment, new instruments and appliances. No doubt the *Clinical Chronicle* will be appreciated by a large class of physicians, and there is no question but what the quality of the periodical will be of a high standard of excellence

---

### THE CURE OF CRYING BABIES.

In a New York nursery, as soon as the child begins to cry, the nurse catches it up, holds it gently, and places her hand over its nose and mouth, so that it cannot breathe. The crying ceases directly and the child is allowed to breathe freely again. Should it a second time attempt to scream, the same simple and effectual method is applied. This is repeated until the baby imagines that the painful stoppage of the breath is caused by its own effort to scream, and so it is quiet.—*Medical Record*.

---



## MEDICAL REVIEWS.

---

### DEPARTMENT OF MEDICINE, THERAPEUTICS, NERVOUS AND MENTAL DISEASES.

---

By G. W. McCASKEY, A. M., M. D.

Professor of Nervous and Mental Diseases and Clinical Medicine in the Fort Wayne College of Medicine, Fort Wayne, Ind.; Secretary of the Upper Maumee Valley Medical Association.

**TOXICITY OF THE GASTRIC JUICE IN EPILEPTICS.**—Since the publication Bouchard's memorable work, "Les Auto-Intoxications," many investigations have been made which point very strongly toward the toxic origin of epileptic paroxysms, at least in cases of idiopathic epilepsy. Numerous examinations of urine have been made in epileptics, with the result that a high toxicity has been found. In one case investigated by the writer, the toxicity of the urine of a patient just recovering from a succession of epileptic paroxysms was found to be more than double the normal; the animal injected with it died in most powerful epileptic form convulsions.

Augustini has recently investigated the toxicity of the gastric juice in a case of epilepsy. He found that the gastric juice of the epileptic, when injected into the abdomen of a rabbit, proved fatal, with general toxic symptoms and chronic convulsions. This was found to be especially true when the gastric juice was obtained immediately before or after an attack. Normal gastric juice was found to produce no such evil effects. Augustini concludes from these experiments that systematic lavage, or washing of the stomach, and disinfection of the intestines by an aseptic dietary and other appropriate measures, are indicated in all cases of epilepsy.

These observations agree entirely with the clinical observations made many years ago, and specialists in this class of disorders have long taught that abstinence from flesh-eating was essential in the treatment of epilepsy. Bouchard showed that the toxicity of the intestinal contents is

doubled when meat enters largely into the dietary. By withholding flesh food, and confining the patient to a diet of fruits, grains, and other vegetable products, with a moderate allowance of milk, the alimentary canal may be rendered comparatively free from germs and the toxins which are the result of bacterial growth.

These facts carry with them the suggestion that the septic condition of the alimentary canal resulting from the use of flesh food may be responsible for many other nervous disorders besides epilepsy, and that a vegetarian regimen, as ordered by the late Professor Dujardin-Beaumetz, of Paris, may be advantageously adopted in a large class of chronic disorders.

---

ALCOHOL.—Sir Benjamin W. Richardson, M. D., F. R. S., in a recent communication says: Alcohol, in the end, does not stimulate, it really depresses if it does anything at all. We must admit it does something, and he is a mere fanatic who questions its effects. There can be no doubt that for a short time it whips on the circulation. It quickens the heart-beat; it increases the circulation of the blood; it excites the brain; it preserves the tissues from decomposition; but is it thereby of service? What it does seems to the profession, and feels to the sick, to be stimulation, and upon this all its assumed virtues rest. It appears to give new life; it raises the weak for a short time, even if it quickens death. It acts like running or drinking, or becoming mentally excited, and although no one would use these acts as remedies for disease, they might appear to have their advantages.

I do not agree with those who are astounded, and express their astonishment, when they see doctor's giving wine or recommending spirits, wine or beer to persons under their care. Life is a very slender thread; the doctor's art is very limited; the doctor is called to do; the people follow the doing, and constantly they feel stimulation render them service temporarily. If the doctor told them the truth, namely, that wine is the most detestable of mockers, they would not believe him, and so he is daily and hourly tempted to evoke phenomena which, from the beginning to the end, are a deceit; which shorten instead of prolong existence, and which may kill instead of cure. It is true, nevertheless, that every doctor should think for himself concerning the phenomena, and should prefer to rest on the permanent physiological, rather than the empirical modes that lie at his disposal.

---

HYDROTHERAPY.—Von Vogl (*Munch. Med. Woch.*, July 7, 1896) lays stress on the importance of instruction in this branch of treatment. He



further states that hydrotherapy is of great value in the prevention of tuberculosis. It improves cardiac action; deepens breathing, and increases nutrition. It is also useful in both the early and advanced stages of pulmonary tuberculosis. The fever and cough are lessened by it, and the sleep and appetite improved. The acute infectious fevers may be treated by this means with great benefit to the patient. The author draws attention the lessened mortality of typhoid fever since the use of the graduated bath has been introduced; he also calls attention to the comparative uselessness of medicinal antipyretics, intestinal antiseptics, etc. The bath treatment is harmless and effective in skilful hands. The proper administration, however, requires both theoretical knowledge and practical experience.

---

**TUBERCULOSIS OF HUMAN BEINGS AND OF FOWLS IDENTICAL.**—The experiments of MM. Gilbert and Roger, recently published, show conclusively that the tuberculosis of human beings and of birds is one and the same disease. Observations made by Cadiot and Strauss also confirm this fact.

---

## DEPARTMENT OF SURGERY AND GYNÆCOLOGY.

---

IN CHARGE OF MILES F. PORTER, A. M., M. D.

Prof. of Surgery and Gynæcology in the Fort Wayne College of Medicine.

ASSISTED BY

FRED J. HODGES, B. S., M. D.

Prof. of Genito-Urinary Surgery in the Fort Wayne College of Medicine.

**EARLY RUPTURE IN EXTRA-UTERINE PREGNANCY.**—Henrotin (Reprint from the transactions of the American Gynecological Society) closes a paper on the above subject as follows: From personal experience and a study of the cases reported by other observers concerning complete rupture with free primary abdominal hemorrhage due to ectopic gestation, I venture the following deductions regarding treatment as applied to the different varieties:

A woman suddenly faints, immediately receives efficient medical aid, but, notwithstanding all treatment, in an hour is in profound collapse with the clinical signs of early rupture of extra-uterine pregnancy. What should be done? She is bleeding to death from a large rupture or a small

rupture through the vessels, or both, and abdominal section should forthwith be made and direct ligation applied. Fill the blood vessels with normal saline solution, place the patient in the Trendelenburg position, on the bed, if need be; thoroughly cleanse the field of operation; open quickly; dip the hand at once through the blood down to the point of rupture; place a light clamp on each side of the rent; wipe away sufficient blood to enable the ligatures to be passed, sweep the open hand a few times around the abdomen to remove the larger clots, and possibly the product of conception; exsect the tube; make sure of haemostasis and immediately close. Hemorrhage from the bleeding points can often be controlled in four or five minutes, and the whole operation completed in fifteen. During all this time, if necessary, continuous injections of normal saline solution into the cellular tissue is made by an assistant. I believe that the time unnecessarily spent in cleaning the abdominal cavity has caused the death of more than one woman, as the liquid portion of the blood acts as an intraperitoneal transfusion. This is the treatment of what Richardson terms the fulminating variety.

If during the operation, septic material is encountered in the abdominal cavity, be it exudates around the affected tube or disease of the other tubes, or doubtful conditions in the appendicular region, or if the operator is not reasonably certain of the aseptic character of his manipulations, then, if the patients' condition permit, the abdominal cavity should be thoroughly cleansed, after which drainage could better be employed through the lower angle of the wound or the vagina. If, however, the patients' strength will not allow such prolongations of the operation, the cleaning of the abdominal cavity may be shortened or even omitted, and a large Mikerlicz drain may be introduced.

In arriving at a proper conclusion whether or not a case of this variety will still be able to stand operation, the presence of great restlessness is a symptom of very considerable importance, as it frequently means impending death, and, therefore, might directly indicate interference. Discrimination should be used in distinguishing, if possible, between recurrent temporary collapse and profound progressive collapse, while it is to be understood that the shorter the time between the beginning of the attacks and profound collapse, the more urgent the necessity for immediate action.

In the less acute class of cases, where the collapse is not so extensive and the patient begins to respond to stimulations, it becomes of the greatest importance, by inquiring into the history, to endeavor to differentiate between tubal rupture and tubal abortion, and under these circumstances it may be proper to defer operation for a few hours, or even for a longer time.



Further careful observations will probably shed more light on the diagnosis between the two above mentioned conditions. It should be borne in mind that repeated attacks usually means rupture.

When the time of hemorrhage into the free cavity is more remote and the patient has rallied from the initial shock with a so called abdominal haematocele, operation is unnecessary unless the disease is not removed by nature. In these cases, at the first sign of sepsis, operation is demanded; and barring contra-indications, vaginal section is the operation of election.

Acute early ruptures with free primary abdominal hemorrhage should always be operated upon by the abdominal route.

---

**PASSING THE CATHETER.**—Pick out a medium sized Jacques catheter; pass it down until it strikes the obstruction and refuses to move another inch; fill a large aspirating syringe, or any piston syringe holding two or three ounces, with hot water, couple the syringe to the end of the catheter, and gently force in the fluid, at the the same time rotating the catheter; the pressure of the water forms a bladder-like sac at the end of the catheter, which forces the gland back, and by the gentle rotation the catheter rides over the gland, and the trick is done.—Waterhouse, in *Georgia Electric*.—*Kansas City Med. Index*.

---

**CANCER TREATED BY THE X-RAY:**—The *Lyon Medical* tells of the treatment of cancer of the stomach by the X-Ray, and claims that it ameliorated the general condition and prolonged the patients life for two weeks, absolutely suppressing the pain over the tumor and notably diminishing the volume.

---

## DEPARTMENT OF OBSTETRICS AND PAEDIATRICS.

---

IN CHARGE OF B. VAN SWERINGEN, M. D.,

Professor of Theory and Practice of Medicine in Fort Wayne College  
of Medicine.

**A CENTURY'S ADVANCE IN PEDIATRY.**—An excellent illustration of the advance in pediatry is afforded by a comparison of the discussion before the Chicago Academy of Medicine (*Journal of the American Medical Association*, Vol. XXVII, pp. 958, 1004) of a single class of neuroses in childhood,

with the work of a Swedish pediatricist, Rosen Von Rosenstein, translated by Dr. Andrew Sparrman and published under the title of "The Diseases of Children & their Remedies" in 1776. There is but one chapter on nervous disorders of childhood in the book, which is entitled. "Convulsions and their ten causes." The chapter opens as follows:

"The nerves of children are very sensible and irritable.

They are more numerous in proportion to their bodies than those of a grown persons, and as they have many juices or fluids they are so much more softened. They are also covered with a very thin membrane, which makes their sensations so much greater. For this reason children are subject to starting, and these, at whatsoever time of life they occur, are called convulsions, but when the whole body is effected and the face at the same time appears bluish, it is then called an epilepsy."

A greater contrast than that with the space devoted in the discussion to a single class of neuroses cannot well be imagined.—*Jour. Am. Med. Asso. Nov. 28-'96.*

---

A Report of One Hundred and Five Labor Cases with Pelvic Contraction Observed during the Years 1891-1895 in the General Division of the Prague Maternity Hospital. Knapp.—*Arch. fur. Gynae. Bd. L. I. No. 3.*

This paper is a most important contribution to obstetrical literature, and, as the original is not accessible to the majority of readers, a detailed abstract is in order. Among 4,289 labor cases pelvic contraction was present in 105 cases, 2.4 per cent. In 34 cases (15 primipara, 19 pluriparae) the pelvis was of the Simple Flat Type, with a conjugata vera, varying between 8 and 10 centimeters. The fetal presentations were: Occiput anterior, 18; occiput posterior, 10; brow, 1; breech, 1; transverse, 4. Sixteen cases (47 per cent.) ended by spontaneous delivery, (9 primiparae, 7 pluriparae), while in 18 (6 primiparae, 12 pluriparae), the pregnancy or labor was terminated by artificial means. Of these, 11 (60.6 per cent) were still born. The instrumental aids consisted of the following operations; artificial induction of premature labor, 1; forceps, 3; version, 4; perforation, 9; decapitation, 1—for which the indications were: Artificial premature labor, three successive craniotomies having followed upon three normal deliveries. Forceps: asphyxia of child, 1; fever of mother 2-3. Version; transverse presentation, 2; prolapse of cord, 2-4. Preforation: fever of mother, 4; uterine atony, 1; threatening rupture of uterus, 3; prolapse of arm and cord, 1-9. Decapitation: neglected transverse presentation. The puerperium was afebrile in 29 cases, (85.29 per cent); fever was present in (14.71 per cent.) Of these three women entered the clinic, with a rise of temperature, one of them dying twelve hours post partum of sepsis.



Uniformly Contracted Pelvis 24 cases (15 primiparæ, 9 pluriparæ); conjugata vera between 8 and 10 centimeters. Fetal positions: occiput anterior, 18; occiput posterior, 4; transverse presentation, 1; foot presentation, 1; (twins). Spontaneous termination; 12 (8 primiparæ, 4 pluriparæ), instrumental aid necessary in 12 (7 primiparæ, 5 pluriparæ). Of the spontaneous deliveries 95.8 per cent of children were born alive. The instrumental deliveries consisted of the following operations; forceps, 6; version and extraction, 2; perforation, 3; symphyseotomy, 1. Instrumental aid resulted in eight living children (61.5 per cent); 5 (38.5 per cent) were still-born. The indications for operative interference were, (a) Forceps; threatening asphyxia of child, 3; fever of mother, 1; absence of pains, 2; threatening uterine rupture, 1-7. (b) Extraction and version: foot and transverse presentation. (c) Perforation: fever of mother after failure to deliver with forceps, 1; pneumonia and dead child, 1; version and failure to deliver after coming head, 1. (d) Symphyseotomy: disproportion between pelvis and fetal head. Twenty-one cases were free from fever during puerperium; in three cases a rise of temperature was observed.

Rachitic Flat Pelvis—23 cases (7 primiparæ and 16 pluriparæ). Conjugata vera measured between 5 and 10 centimeters. Fetal positions; occiput anterior, 16; occiput posterior, 6; transverse, 1; spontaneous termination, 4 cases (all children born alive). Instruments required in 19 cases, consisting of the following operations: induction of premature labor, 1; forceps, 8; version, 4; version, extraction, and perforation, 1; perforation of living child, 1; perforation of dead child, 2; conservative Cesarean section, 2. Twelve living children (63.16 per cent) and 7 still-born (36.84 per cent) were the result of instrumental delivery. Indications for operation: (a) Premature Labor: perforation and Cesarean section in previous confinements; (b) forceps, threatening asphyxia of child, 6; threatening rupture of uterus, 1; occiput posterior, 1; (c) Version; transverse presentation, 1; and prolapse of cord, 3; (d) Perforation: threatening rupture of uterus after unsuccessful attempt at version, 1; tetanic contraction of uterus and prolapse of cord, 1; impossibility to deliver after inducing premature labor, 1. (e) Cesarean section: absolute indication due to pelvic contraction.

Uniformly Contracted Rachitic Pelvis—8 cases (4 primiparæ and 4 pluriparæ); conjugata vera between 7.5 and 9.5 centimeters. Presentations; occiput anterior, 4; occiput posterior, 1; foot 1; transverse, 2; spontaneous termination, 5; artificial termination, 3; with 4 and 2 living children, respectively. Operations performed: version and extraction, 1; Cesarean section, 2. Indications were: version and extraction, transverse presentation, Cesarean section, relative indications. Six puerperæ free from fever; fever present in two cases (one of them died 14 days after Cesarean section).

Ostomalacic Pelvis—8 cases; operative interference became necessary in every case. The operations were: perforation of living child, 2; perforation of dead child, 1; perforation of retained head, 1; Cesarean section after Porro, 1; conservative Cesarean section with castration, 3. Five febrile, 5 afebrile puerperae. Mortality, 3 cases (37.5 per cent). Infection caused two deaths, the women entering the clinic in a feverish state (previous attempts deliver); the third woman perished from internal hemorrhage caused by the bursting of the uterine sutures.

Irregularly Contracted Pelvis Caused by Deformities of the Vertebral Column, etc.—8 cases (3 primiparae and 5 pluriparae); with 50 per cent. each of spontaneous and instrumental deliveries. The operations performed were: Perforation, 1; embryotomy, 1; Cesarean section, 2. The indications were the impossibility to deliver by other means or methods. All the mothers recovered; of the children 3 were still-born.

Knapp's paper illustrates two important points: viz., a contracted pelvis in itself does not preclude spontaneous delivery, and expectant treatment gives the mother the best chances of survival. In the treatment and operative methods employed, to save the mother's life was the main endeavor. This accounts for the most favorable result, that 105 cases of contracted pelvis were delivered with a maternal mortality of 0.95 per cent. only. The paper is full of important details which it is impossible to condense into the space of an abstract; the reading of the original, therefore, is warmly recommended.—*Am. Jour. Obst.* Nov. 1896.

---

**NEPHRITIS IN INFANTILE SCURVY.**—Thomas (*Boston Medical and Surgical Journal*, Vol, IX, No. 3, 1896) says:

1. In infantile scurvy the kidneys are probably affected in a large porportion of the cases, at least during the acute stage of the disease.

2. That the catarrhal nephritis is probably caused by the effect upon the kidneys of an irritant in the blood.

3. That cases of infantile scurvy occur in which the renal symptoms are the first or perhaps the only ones observed.

4. That in suspected cases, the condition of the urine will often allow of an earlier diagnosis than any other sign.

---

**THE ESCAPE OF DIPHTHERIA BACILLI INTO THE BLOOD AND TISSUES.**—Kanthack & Stephens (*Journal of Pathology and Bacteriology*, Vol. iv, No. 1, July, 1896) refer to the work of other investigators, and detail the result of their own studies. Personally they frequently found the Diphtheria Bacillus in the cervical and bronchial glands of fatal cases of Diphtheria. In twenty-six fatal cases the Diphtheria Bacillus was found in the lungs in twenty-six;



in twenty-one cases in which the spleen was examined, it was found in ten; and in three cases in which the kidney was investigated it was found in two. They believe that in fatal cases there is an extensive escape of the bacillus into the lungs and other organs; that the Bacilli readily escape into the lungs and are usually there present in large numbers; that the broncho-pneumonia complicating diphtheria is not pyococcal, but is often, if not generally, of diphtheritic nature, and is, as a rule, associated with or preceded by laryngeal diphtheria, to which it more especially owes its origin than it does to tracheotomy. The diphtheria Bacilli may escape from the original seat of infection by direct transference, as to an open wound, along the existing passages from the seat of infection to the eye, ear, lungs, etc.; along the lymphatics to the cervical and bronchial glands, etc.; through the circulation to the liver, spleen, kidneys, etc. Clinically, the experiments are thought to be of value, since they prove the necessity of anti-toxine energetically in all serious cases of diphtheria, the amount of using toxine to be counteracted being always enormous when the Bacilli have gained access to the lungs and other organs.

---

## DEPARTMENT OF OPHTHALMOLOGY, OTOTOLOGY LARYNGOLOGY AND RHINOLOGY.

---

IN CHARGE OF ALBERT E. BULSON, JR., B. S., M. D.

Oculist and Aurist for St. Vincent's Orphan Asylum, and the Allen County Orphan Asylum. Professor of Laryngology and Rhinology in the Fort Wayne College of Medicine, Fort Wayne Indiana.

**COQUILLES AS PRODUCERS OF EYE TROUBLE.**—Dr. Risley, in the clinics of the Philadelphia Polyclinic, insists upon the use of flat smoked glass spectacles rather than coquilles, for the reason that he considers the latter objectionable even during the use of a cycloplegic for the correction of refraction errors, often causing a return of the symptoms of accommodative asthenopia when worn over the prescription glasses during emergence from mydriasis. By testing a large number of pairs of coquilles it has been found that refractive errors, including both regular and irregular astigmatism with prismatic effects, are common in the lenses of the ordinary coquilles. These errors are sufficient to seriously disturb in some cases the adjustment of the eye to the prescribed correction, and this occurs during the period when the quickest and most satisfactory results can be obtained, not only in re-educating the ciliary muscle, but in establishing a new relative range of accommodation and convergence. In many instances the patients discover the cause of their

discomfort and will complain of the dark glasses "drawing" their eyes. In such instances a test of the coquilles will result in the detection of the error that causes the trouble, and if plain smoked glass spectacles be prescribed the patient will make no further complaint.

---

**CORNEAL OPACITIES.**—Electrolysis, the kathode being applied to the eye by means of a small silver rod with rounded end. An ordinary sponge anode may be applied to the other cheek. A pressure of from one and one-half to three volts is sufficient. This should be at one-fourth milliampere, and one-half should never be exceeded. The eye is cocainized, and one silver rod is rubbed lightly over the opacity for about one minute.—*Medical Record.*

---

**CORNEAL ULCERS.**—Formalin solution, 1 to 200 to 1 to 500, for touching the ulcer once daily. As a general collyrium, 1 to 1,000 to 1 to 2,000.—*Medical Record.*

---

**ACUTE OTITIS MEDIA CAUSED BY THE NASAL DOUCHE.**—In commenting upon a case of acute otitis media caused by the nasal douche, Dr. Burnett points out the following errors:

First, The nasal douche should never be used to relieve cold in the head. Second, The ears should not be allowed to ache for one week without performing paracentesis. Third, Long continued syringing, moppings, etc., of the auditorium canal should not be practiced.

*The Laryngoscope* further adds: "Acute inflammation being caused by the entrance of the streptococci and other germs into the drum cavity from the naso-pharynx, it is manifest that any form of inflation of the naso-pharynx may force fresh germs from it into the middle ear, or force pathogenic germs already in the drum cavity into the mastoid cells, which would otherwise escape infection. The staphylococcus albus is the acknowledged cause of secondary infection and chronicity in aural suppurations, and is generally present in the external ear."

---

**ALUMNOL IN PURULENT OTITIS MEDIA.**—A solution of alumnol, ten to twenty grains to the ounce, has been highly recommended (*N. Y. Medical Record*) as an astringent application in purulent otitis media, to be used after thorough cleansing. Alumnol in the form of the dry powder has also been highly recommended in chronic otitis media purulenta, applied to the middle ear by means of a powder blower after all discharges have been removed by careful cleansing and the parts thoroughly dried with cotton.

---

**ADHESIVE INFECTIONS OF THE EAR.**—Inject liquid vaseline through the Eustachian tube into the tympanic cavity. *Medical Record.*



**ACUTE OTITIS.**—For the earache of this affection, apply dry heat. At no time should the canal be mopped, swabbed, or syringed.—*Medical Record*.

---

**ICE APPLICATIONS IN EAR TROUBLE.**—Ice bandages are useful in traumatism of the external ear; in inflammatory processes of the auricular canal; in chronic suppuration, when sensitiveness, etc., develops over the mastoid.—*Medical Record*.

---

**EUCAIN AS A LOCAL ANAESTHETIC IN INTRANASAL OPERATIONS.**—Dr. E. L. Vansant (*Philadelphia Polyclinic*) recommends eucain as a local anaesthetic in the nose, when hypertrophies of the lower turbinals are to be removed by means of the snare ecraseur. The tissues are not depleted or shrunk by the use of eucain as is the case with cocaine, nor is the after hemorrhage following ecraseur operations apt to be as great. In anterior hypertrophies of the turbinals it is also convenient to be able to note the exact effect of operative procedures upon the engorged or thickened tissues, and while this is not so apparent when cocaine is used, owing to the shrinking of the tissues, it is apparent when eucain is used, which produces no material change in the swelling or thickening of the parts to be operated upon.

---

**AFTER TREATMENT OF INTRANASAL CAUTERIZATION.**—Dr. Sattler, in the September number of the *Clinical Chronicle*, advocates the use of the Galvano-Cautery in preference to any and all other means for cauterization within the nasal cavities, giving as his opinion that there is no acid nor escharotic that can ever fill the place of the Galvano-Cautery.

After the cauterization has been completed and no hemorrhage takes place (as it should not), the cauterized area should be touched with a cotton wrapped probe dipped in an aqueous solution of pyoktannin. This is then treated to a thin layer of aristol, which is gently blown in by means of any of the ordinary powder blowers suitable for the purpose. Twenty-four hours afterward the same procedure is gone through with. About the third or fourth day the scab, or slough, is ready to come off and it can be gently removed with a pair of forceps. Up to this time the nose should not be sprayed with anything, though after the removal of the slough the nasal cavity should be thoroughly cleansed and antisepticed. The scabs will gradually diminish in size and number in the course of a week or ten day, and the result of the cauterization on the tissues can then be accurately estimated. It should be a cardinal rule to never cauterize but one side of the nose at one sitting, and at intervals of ten days. Under no circumstances should the operator lose sight of the patient as soon as the operation is completed, as proper post-operative treatment is necessary in order to produce satisfactory results.

# INDEX.

—:0:—

## ORIGINAL ARTICLES.

Abdominal and Pelvic Operations Outside of Hospitals, Aseptic Technique of.....	311
Acute Otitis Media, Some Considerations Regarding the Treatment of.....	324
Anencephalus, A Case of.....	105
Aseptic Technique of Abdominal and Pelvic Operations Outside of Hospitals.....	311
BATMAN, DR. W. F.	
Immediate Repair of the Perineum .....	279
Blennorrhoea and its Sequellae, Modern Treatment of.....	15
Body Politic, Physician's Relation to the .....	233
Bovine Tuberculosis in Relation to State Medicine.....	284
Brain Disorders of Children, Some of the.....	147
BULSON, DR. ALBERT E. JR.	
Some Considerations Regarding the Treatment of Acute Otitis Media.....	324
Capital Operations in Country Practice .....	388
Cardiac Murmurs and Their Interpretation, Certain Misconceptions Regarding..	381
Century, Problems for the Twentieth.....	49, 89
Certain Misconceptions Regarding Cardiac Murmurs and Their Interpretation ...	381
CLINE, DR. L. C.	
Quinsy—Its Cause and Prevention.....	451
Conservatism in Treatment of Injuries to the Eye.....	57
Country Hospitals .....	392
Country Practice, Capital Operations in.....	388
Crime and Criminals, Relation of the Physician to.....	187
CULBERTSON, DR. J. C.	
Treatment of Tuberculosis.....	1
Diagnosis of Disease of the Pelvic Organs of Woman.....	96
Diagnostic Significance of Subjective Head and Ear Sounds .....	350
Disease of the Pelvic Organs of Woman, Diagnosis of .....	96
DRAYER, DR. L. P.	
Bovine Tuberculosis in Relation to State Medicine.....	284
DUEMLING, DR. H. A.	
A Case of Anencephalus.....	105
Duty, Physician's.....	6
EASTMAN, DR. JOSEPH.	
Problems for the Twentieth Century .....	49, 89
EDWARDS, DR. ARTHUR R.	
Certain Misconceptions Regarding Cardiac Murmurs and Their Interpreta- tion.....	381
Endometritis, Pathology and Treatment of.....	196
FRANCIS, DR. W. S.	
The Physician's Duty.....	6
GREEN DR. GEO. R.	
What Can the General Practitioner Do in Injuries to the Intestinal Tract .....	153



## GREEN, DR. J. B.

Pyosalpinx, Its Diagnosis and Treatment.....	109
Head and Ear Sounds, Diagnostic Significance of Subjective.....	350
Head in Disease of the Brain, Surface Thermometry of.....	455

## HEATH, DR. F. C.

Relation of the Sexual Function to the Eye.....	60
Hospitals, Country.....	392
Immediate Repair of the Perineum.....	279
Injuries to the Eye, Conservatism in the Treatment of.....	57
Intestinal Tract, What Can the General Practitioner do in Injuries to the.....	153
Intra-Ligamentous Growths, Management of.....	345

## KEIPER, DR. GEO. F.

Conservatism in Treatment of Injuries to the Eye.....	57
---	----

## KIRKLEY, DR. C. A.

Diagnosis of Disease of the Pelvic Organs in Woman.....	96
---	----

## KNEPPER, DR. E. W.

Country Hospitals.....	392
------------------------	-----

## McCASKEY, DR. G. W.

Some of the Brain Disorders of Children.....	147
Diagnostic Significance of Subjective Head and Ear Sounds.....	350
Surface Thermometry of Head in Diseases of the Brain.....	455
Malaria and its Sequellae.....	156
Management of Intra-Ligamentous Growths.....	345
Misconceptions Regarding Cardiac Murmurs and Their Interpretation.....	381

## NOURSE, DR. FRANK P.

Pathology and Treatment of Endometritis.....	196
--	-----

## OMO, DR. J. H.

Malaria and its Sequellae.....	156
Operations in Country Practice, Capital.....	388
Pathology and Treatment of Endometritis.....	196
Pelvic Organs of Woman, Diagnosis of Disease of the.....	96
Perineum, Immediate Repair of the.....	279

## PFAFF, DR. ORANGE G.

The Management of Intra-Ligamentous Growths.....	345
Physician's Duty.....	6
Physician's Relation to the Body Politic.....	233

## PORTER, DR. MILES F.

Physician's Relation to the Body Politic.....	233
Problems for the Twentieth Century.....	49, 89

## PROEGLER, DR. CARL.

Modern Treatment of Blennorrhoea and its Sequellae.....	15
Quinsy--Its Cause and Prevention.....	451
Relation of the Sexual Functions to the Eye.....	60
Relation of the Physician to Crime and Criminals.....	187
Relaxation of Vaginal Outlet as Main Etiological Factor in Various Pathological Conditions.....	421
Repair of the Perineum, Immediate.....	279

## ROBB, DR. HUNTER.

Relaxation of Vaginal Outlet as Main Etiological Factor in Various Pathological Conditions.....	421
---	-----

## SMITH, DR. C. N.

Aseptic Technique of Abdominal and Pelvic Operations Outside of Hospitals.....	311
--	-----

Some Considerations Regarding the Treatment of Acute Otitis Media.....	324
Some of the Brain Disorders of Children .....	147
SQUIRES, DR. JAS. S.	
Wine is a Mockers.....	11
Surface Thermometry of Head in Diseases of the Brain .....	455
SWERINGEN, DR. B. VAN.	
Relation of the Physician to Crime and Criminals.....	187
TEAL, DR. NORMAN.	
Capital Operations in Country Practice .....	388
Thermometry of Head in Diseases of Brain, The Surface.....	
Treatment of Blennorrhoea and its Sequellae, Modern .....	15
Treatment of Tuberculosis .....	1
Tuberculosis in Relation to State Medicine, Bovine .....	284
Tuberculosis, Treatment of.....	1
Vaginal Outlet as Main Etiological Factor in Various Pathological Conditions, Relaxation of.....	421
Wine is a Mockers .....	11
What Can the General Practitioner do in Injuries to the Intestinal Tract.....	153

## EDITORIALS.

Abdomen, Gunshot Wounds of .....	293
Air Embolism, Dr. Hodges' Study of.....	76
American Priority, Disregard of.....	25
Anæsthetics in Labor, Use of.....	172
Antitoxin.....	27
Antitoxin Treatment for Diphtheria in the City, Results of.....	439
Anti-Vaccinationists Bete-Noir.....	332
Appendicitis as it Affects Life Insurance Risks.....	403
Bradshaw Case, Dr. Lanphear's Explanation .....	132
Case of Mycetoma, or Madura Foot.....	77
Cancer Cure Statistics.....	171
Clinical Chronicle, The .....	471
Commencement Exercises of Fort Wayne Medical College.....	189
Contagious Disease Hospital, Need of .....	135
Contamination of City Water Supply .....	334
Crying Babies, Cure of .....	471
Cure of Crying Babies .....	471
Death of William Wright Jaggard .....	74
Delaware District Medical Society.....	30
Delaware District Medical Society, June Meeting of.....	77
Dinnen's (Dr.) Complimentary Dinner to Dr. J. B. Murphy, of Chicago .....	216
Diphtheria in the City, Result of Antitoxin Treatment of.....	439
Diploma Mill, Wisconsin Medical.....	436
Disregard of American Priority .....	215
Dogs of War.....	172
Drayer, (Dr. L. P.) Sued .....	333
Formic-Aldehyde-Gelatin: Perhaps the Ideal Antiseptic.....	464
Fort Wayne Meeting of Indiana State Medical Society .....	291
Gunshot Wounds of the Abdomen.....	293
Hodges' (Dr.) Complimentary Dinner to Prof. Ludvig Hektoen, of Chicago.....	138
Hodge's Study of Air Embolism.....	76
Hospitals, Scarlet Fever and Diphtheria.....	211
Importance of Supervision of Milk and Food Stuffs by the State .....	213
Indiana State Medical Society, Meeting of.....	129, 168, 208
Indiana State Medical Society, Fort Wayne Meeting of.....	291
Intelligible Titles for published Papers .....	73



Jaggard, Death of William Wright.....	74
June Meeting of Delaware District Medical Society .....	77
Kimmel Medical Bill of Ohio .....	136
Lauphear's (Dr.) Explanation of Bradshaw Case.....	132
Last Number of the Magazine .....	467
Legislation League, Michigan .....	362
Marriage, Regulation of .....	359
Meeting of Indiana State Medical Society.....	126, 168, 208
Medical and Surgical History of War of Rebellion, Revised Edition of .....	137
Medical Bill of Ohio, Kimmel .....	136
Medical Journal, A New.....	294
Medical Society, Delaware District.....	50
Medical Society, A New District .....	70
Medico-Legal Society of Indiana .....	361
Meningo-Myelites Following Pelvic and Abdominal Operation .....	271
Michigan Legislation League.....	362
Milk and Food Stuffs by the State, Importance of Supervision of .....	213
Murphy Button Abroad.....	365
Mycetoma, or Madura Foot, A Case of.....	77
Narcotic Nostrum, Sale of.....	215
Need for Veterinary Supervision of Cattle .....	71
Need of a Contagious Disease Hospital .....	135
New District Medical Society, A .....	70
New Medical Journal, A.....	294
Obstetrics, Roentgens' Rays in .....	211
Photographs, Roentgen's Ray .....	127
Prevent Spread of Tuberculosis in Fort Wayne .....	401
Published Papers, Intelligible Titles for.....	73
Rectal Injections of Saline Solutions in Treatment of Shock, Value of .....	134
Regulation of Marriage .....	359
Resignation of Dr. Frederick C. Woodburn.....	72
Results of Antitoxin Treatment for Diphtheria in the City.....	439
Revised Edition of the Medical and Surgical History of the War of the Rebellion .....	134
Roetgen's Rays in Obstetrics.....	211
Roentgen Ray Photographs.....	127
Rubin's (Dr.) Avarice .....	212
Sale of Narcotic Nostrums .....	215
Saline Solutions in Treatment of Shock, Value of Rectal Injections of .....	137
Scarlet Fever and Diphtheria Hospitals.....	211
Serum Diagnosis of Typhoid Fever.....	469
Shall There be a Three Day's Session of the State Medical Society.....	404
Stop Killing Those Germs.....	75
Three Days' Session of the State Medical Society, Shall There Be a .....	404
Titles for Published Papers, Intelligible.....	73
Tuberculosis in City of Fort Wayne, To Prevent Spread of .....	401
Typhoid Fever, Serum Diagnosis of .....	469
Use of Anaesthetics in Labor.....	172
Value of Rectal Injections of Saline Solutions in Treatment of Shock .....	134
Veterinary Supervision of Cattle, The Need for .....	71
War of the Rebellion, Revised Edition of Medical and Surgical History of.....	137
Water Supply, Contamination of City.....	334
Wisconsin Medical Diploma Mill.....	436
Woodburn, Resignation of Dr. Frederick C'.....	72

## MEDICAL REVIEWS.

Abortion, Consideration of Certain Doubtful Points in Management of .....	222
Abortive Treatment of Bubo by Pressure Bandage .....	369
Abscess from Middle Ear Trouble, Brain .....	415
Abscess, Report of Fatal Case of Submammary .....	142
Acid, Carbolic .....	299
Acute and Chronic Coryza and Its Significance in Children .....	278
Acute Otitis .....	482
Acute Otitis Media Caused by the Nasal Douche .....	481
Acute Otitis? What Shall a General Practitioner do for an .....	143
Adenoid Growths and Headaches .....	39
Adenoid Vegetations of Nose .....	86
Adenoid Vegetation, Remarks Upon .....	184
Adhesive Infections of Ear .....	481
Advance in Pediatrics, A Century's .....	476
Air Insufflation in Peritoneal Tuberculosis .....	178
Alcohol .....	473
Alumol in Purulent Otitis Media .....	481
Anæsthesia, Radical Paralysis as an Accident Consecutive to .....	340
Anæsthesia, Schleich's Method of Local .....	81
Anatomy of Hernia .....	298
Ani, Prolapsus .....	370
Anorexia Hysterica .....	79
Anti-Dyscrasic Action of Cow's Milk--Infant Feeding .....	408
Anti-Streptococcic Serum Treatment .....	275
Anti-Streptococcic Serum, Treatment for Puerperal Septicaemia by .....	375
Antitoxin, Autopsies of Cases Treated With .....	181
Antitoxin in Treatment of Diphtheria in Private Practice .....	341
Aphasia in a Left-Handed Woman .....	219
Aphonia, Hysterical .....	441
Appendicitis—When to Operate .....	274
Appendix, Pin in the .....	34
Application for Furuncles of Eyelid .....	419
Articular Rheumatism, Serum Injections in .....	409
Artificial Respiration, Laborde Method of .....	35
Asbestos as a Surgical Dressing .....	220
Ascites, Exsiccative Diet in .....	79
Aseptic Wounds Without Bandages or Dressings, Treatment of .....	338
Asexualization in Prevention of Crime .....	274
Ataxia, Hereditary Cerebellar .....	32
Atrophic Rhinitis, Treatment of .....	86
Atrophic Uterus and Subinvolution After Labor .....	276
Atrophy, Optic .....	306
Barlow's Disease .....	78
Bicarbonate of Soda in Treatment of Common Cold .....	85
Black Eye, Remedy for .....	306
Blennorrhagic Vaginitis .....	371
Blisters, Nephritis and Anuria from Cantharidal .....	337
Bodies in the Ear, Foreign .....	225
Bone Surfaces, The Click of Polished .....	81
Boxing the Ears .....	416
Brain Abscess from Middle Ear Trouble .....	415
Brain Located by X-Rays, Bullet in .....	340
Bright's Disease and Insanity .....	140
Bromoform in Phthisical Coughs .....	450
Bromoform in Whooping Cough .....	301
Bronchitis Treated by Systematic Hot Bathing, Diffuse Infantile .....	276
Bubo by Pressure Bandage, Abortive Treatment of .....	369
Bulbar Paralysis, Pathology and Therapy of Progressive .....	295
Bullet in Brain Located by X-Rays .....	340
Cæsarean Section, Post-Mortem .....	80
Calomel Treatment of Hemorrhoids .....	413



Cancer, Serum Therapy in.....	339
Cancer Treated by the X-Ray .....	476
Cantharidal Blisters, Nephritis and Anuria from .....	337
Carbolic Acid .....	299
Carbolic Acid Poisoning, Changes in Respiratory Organs in.....	79
Cardiac Disease, Theobromine in Renal and .....	295
Case of Central Laceration of Perineum.....	373
Case of Retinal Hemorrhage Due to Violent Exercise in Bicycling.....	84
Case of Secondary Post-Partum Hemorrhage Arising from an Unusual Cause.....	302
Case of Sextuplets.....	142
Castration for Enlarged Prostate .....	412, 443
Cataract Extraction, Healing After .....	447
Catarrhal Deafness, Simple Treatment for Chronic.....	342
Cat-Gut, Preparation of .....	219
Catheter, Passing the.....	476
Cause of Fetal Positions .....	182
Century's Advance in Pediatrics, A .....	476
Cerebral Concussions .....	141
Cervix Complicating Labor, Hypertrophy of .....	82
Chancres by Heat, Treatment of Soft.....	370
Changes in Respiratory Organs in Carbolic Acid Poisoning .....	79
Children, Gangrene of Skin in .....	446
Chlorate of Sodium as Preventive of Iodism .....	443
Chloroform Administration.....	34
Chlorosis.....	174
Choice of Treatment of Stone in Children .....	82
Chordee, Prescription for .....	80
Chorea, Treatment of .....	337
Chronic Interstitial Nephritis During Early Life.....	221
Chronic Otorrhea Frequently Cured with Trichloroacetic Acid.....	377
Chronic Pharyngitis .....	450
Cigarette Habit.....	184
Click of Polished Bone Surface.....	81
Cocaine in Oils, Solubility of.....	418
Cold, Bicarbonate of Soda in Treatment of.....	85
Color Blindness, Convenient Test for.....	39
Compound Fractures .....	80
Concussion, Cerebral.....	141
Conjunctivitis Treated With Permanganate of Potassium, Pseudo-Membranous ...	38
Consideration of Certain Doubtful Points in Management of Abortion.....	222
Consumptives, Hospital for.....	79
Contagion in Telephone Transmitters.....	449
Convenient Test for Color Blindness.....	39
Convulsions .....	373
Coquilles as Producers of Eye Trouble.....	480
Cornea, Tattooing the .....	84
Corneal Opacities .....	481
Corneal Tissue During Removal of a Foreign Body, Infection of.....	224
Corneal Ulcers .....	481
Correct the Deformity Following Fractures of Lower Third of Leg, To .....	371
Coryza and Its Significance in Children, Acute Chronic.....	278
Coryza of the Newborn .....	344
Cough .....	416
Coughs, Bromoform in Phthisical.....	450
Cow's Milk, Anti Dyascrasic Action of- Infant Feeding .....	408
Coxalgia, Resection of the Hip in.....	372
Cranial Vault, Fractures of .....	443
Crime, Asexualization in Prevention of .....	274
Croup .....	38
Cynocephalus Monster.....	301
Cystitis, New Method of Treatment in Chronic and Sub-Acute .....	220
Dacryocystitis and its Treatment .....	448
Death from a Murphy Button .....	219

Deformity following Fracture of Lower Third of Leg, To Correct .....	371
Delusion, Kola .....	337
Dentritica, Keratitis .....	343
Diagnosis of Stomach Diseases, Test Meals in .....	31
Diagnosis and Treatment of Quinsy, Differential .....	448
Diet, Folly of an Exclusive Meat .....	366
Diet in Ascites, Exsiccative .....	479
Dilatation of Perineum in Labor, Technics of .....	414
Diphtheria Bacilli into the Blood and Tissues, Escape of .....	479
Diphtheria, Fatality of Measles Possibly Due to .....	221
Diphtheria in Private Practice, Antitoxin in Treatment of .....	341
Diphtheritic Paralysis .....	336
Diprosopic Monstrosity—Rare Case of Teratism .....	447
Disease, Barlow's .....	78
Disinfection of Hand, What Factors to be Regarded in .....	301
Disseminated Infections. Gangrene of Skin in Children .....	446
Drive Away Flies, To .....	443
Ear, Adhesive Infections of .....	481
Ears, Boxing The .....	416
Ear, Foreign Bodies in the .....	225
Ear Trouble, Brain Abscess from Middle .....	415
Ear Trouble, Ice Applications in .....	482
Early Rupture in Extra-Uterine Pregnancy .....	474
Eclampsia, Puerperal .....	277
Eclampsia, Treatment of .....	415
Effusion in Pleurisy, Substitution of Salt Solution for .....	340
Electricity in Medicine .....	78
Endemic Infantile Multiple Neuritis .....	33
Endometritis .....	298
Epidemic Explained, A Typhoid .....	272
Epididymitis .....	299
Epilepsy, Infantile Cause of .....	186
Epilepsy, Operative Treatment of Jacksonian and Focal .....	442
Epileptic, An Octogenarian .....	140
Epileptics, Toxicity of the Gastric Juice in .....	472
Epistaxis .....	450
Epithelioma, Non-Operative Treatment of .....	81
Erysipelas in Lupus and Syphilis, Inoculation .....	178
Erysipelas Toxines in Sarcoma .....	273
Escape of Diphtheria Bacilli into the Blood and Tissues .....	479
Esophagus Located and Detected by Roentgen Rays, Foreign Body in .....	274
Etiology of Puerperal Fever .....	177
Etiology of Rheumatism .....	297
Eucaïn as a Local Anaesthetic in Intranasal Operations .....	482
Eventration in a New-born Child, Intra-Uterine Rupture of Anterior Abdominal Wall With .....	36
Excision of Stricture of Rectum through an Incision in Posterior Vaginal Wall .....	34
Excretion of Oxalic Acid in Urine .....	296
Exophoria Curable Without Operation? Is .....	304
Exsiccative Diet in Ascites .....	79
Extract, Thyroid .....	440
Extra-Uterine Pregnancy, Early Rupture in .....	474
Eye, Remedy for Black .....	306
Eye Trouble, Coquilles as Producers of .....	480
Eye with Specimen, Filaria of .....	183
Eyelid, Application for Furuncles of .....	419
Faradization of Pneumogastric Nerves, Incessant Vomiting Treated by .....	409
Fatality of Measles Possibly Due to Diphtheria .....	221
Femur, Treatment of Intracapsular Fracture of the .....	299
Fetal Positions, Cause of .....	182
Fever Hay—Best Treatment for Stay-at-Homes .....	418
Filaria of Eye with Specimen .....	183



Fixation of Kidney (Nephropexia), New Method of Securing .....	300
Flies, To Drive Away .....	443
Foetus, Stabbed, A .....	411
Folly of Exclusive Meat Diet .....	366
Foreign Bodies in the Ear .....	225
Foreign Body in Esophagus Located and Detected by Roetngen Rays .....	274
Formalin in Ophthalmic Practice, Formic Aldehyde or .....	343
Formic Aldehyde or Formalin in Ophthalmic Practice .....	343
Fractures, Compound .....	80
Fracture of Femur, Treatment of Intracapsular .....	299
Fractures of the Cranial Vault .....	443
Fractures of Lower Third of Leg, to Correct Deformity Following .....	371
Friction in Treatment of Nasal Synechiae .....	449
Furuncles of Eyelid, Applications for .....	419
Furuncles of Lid, Treatment of .....	225
Gastric Juice in Epileptics, Toxicity of the .....	472
Gastric Ulcers, Surgical Treatment of Perforated .....	371
Gland in Severe Syphilis, Thyroid .....	367
Glaucoma, Treatment of .....	224
Grippe, Nervous Sequellae of .....	338
Haemostatic, Vaseline as a .....	418
Hand, What Factors to be Regarded in Disinfection of .....	301
Hay Fever; Best Treatment for Stay-at-Homes .....	418
Headaches, Adenoid Growths and .....	39
Headaches, Therapeutical Treatment of Persistent .....	409
Healing after Cataract Extraction .....	447
Heat, Treatment of Soft Chancres by .....	370
Hemorrhage Arising from Unusual Cause, Secondary Post-Partum .....	302
Hemorrhage Due to Violent Exercise in Bicycling, A Case of Retinal .....	84
Hemorrhoids, Calomel Treatment of .....	413
Hereditary Cerebellar Ataxia .....	52
Hernia, Anatomy of .....	298
Hernia, Ligature Removed from Deep Urethra Six Months after Operation for Radical Cure of .....	176
Hernia, Radical Cure of .....	35
Hip in Coxalgia, Resection of .....	372
Hot Bathing, Diffuse Infantile Bronchitis Treated by Systematic .....	276
Hydrocele, Painless Method for Injecting .....	177
Hydrotherapy .....	473
Hypertrophy of Cervix Complicating Labor .....	82
Hysterica, Anorexia .....	79
Hysterical Aphonia .....	441
Ice Applications in Ear Trouble .....	482
Incessant Vomiting Treated by Faradization of Pneumogastric Nerves .....	409
Incision, Pericarditis Cured by Open .....	371
Indications for and Against Operating for Strabismus .....	182
Infant Feeding—Anti-Dyscrasic Action of Cow's Milk .....	408
Infantile Cause of Epilepsy .....	180
Infantile Scurvy, Nephritis in .....	479
Infection of Corneal Tissue During Removal of a Foreign Body .....	224
Inhalation of Vinegar for Vomiting after Chloroform .....	179
Injections, Saline .....	444
Injections, Toxins by Rectal .....	217
Inoculation of Erysipelas in Lupus and Syphilis .....	178
Insanity, Bright's Disease and .....	140
Insomnia .....	272
Instruments without Danger of Rust, To Sterilize .....	411
Insufflation in Peritoneal Tuberculosis, Air .....	178
Intestinal Obstruction, Massage in Treatment of Post-Operative .....	339
Intra-Uterine Injections of Glycerine be Used for Inductive Labor? Should .....	36
Intra-Uterine Rupture of the Anterior Abdominal Wall with Eventration in a Newborn Child .....	36

Intubation of Larynx, Report of Five Hundred Cases of.....	375
Iodism, Chlorate of Sodium as Preventive of.....	443
Iodoform Injection, Treatment of Surgical Tuberculosis by.....	141
Iritis, Rheumatic.....	344
Iron and the Teeth.....	33
Irritation in Treatment of Diseases of the Nasal Chambers.....	226
Keratitis Dentrítica.....	343
Kerosene in Surgery.....	274
Kidney, New Method of Securing Fixation of.....	300
Kola Delusion.....	336
Labor, Atrophic Uterus and Subinvolution after.....	276
Labor, Technics of Dilatation of Perineum in.....	414
Labor, Walcher's Position in.....	82
Laborde Method of Artificial Respiration.....	35
Laceration of Perineum, Case of Central.....	373
Lactate of Strontium in Nephritis.....	219
Laundry's Paralysis Due to a Streptococcus.....	368
Larynx, Report of Five Hundred Cases of Intubation of the.....	375
Left-Handed Women, Aphasia in a.....	219
Lesions of Spinal Cord in Pernicious Anaemia.....	218
Leucocytosis in Pneumonia.....	218
Leucorrhoea, For Uterine.....	178
Ligation of Saphenous Vein for Varicose Veins of Leg.....	81
Ligature Removed from Deep Urethra Six Months after Operation for Radical Cure of Hernia.....	176
Lightning Pains in Locomotor Ataxia, Treatment of.....	31
Local Applications in Paryngitis.....	376
Locomotor Ataxia, Treatment of Lightning Pains in.....	31
Lupus and Syphilis, Inoculation of Erysipelas in.....	178
Malign Tumors after Operation, Recurrence of.....	33
Mammary Cancer, Necessity for Early Operation in.....	179
Massage in Treatment of Post-Operative Intestinal Obstruction.....	339
Measles Possibly Due to Diphtheria, Fatality of.....	221
Medicine, Electricity in.....	78
Method of Local Anaesthesia, Schleich's.....	81
Middle Ear Trouble, Brain Abscess from.....	415
Milk Filtered through Cotton.....	272
Monster, Cynocephalus.....	301
Murphy-Button, Death from a.....	219
Mycosis Tonsillaris, Two Cases.....	86
Nasal Chambers, Irritation in Treatment of Diseases of.....	226
Nasal Douche, Acute Otitis Media Caused by.....	481
Nasal Duct Obstruction, Treatment of.....	144
Nasal Synechiae, Use of Friction in Treatment of.....	449
Necessity of Early Operation in Mammary Cancers.....	179
Neonatorum, Ophthalmia.....	206
Nephritis and Anuria from Cantharidal Blisters.....	337
Nephritis During Early Life, Chronic Interstitial.....	221
Nephritis in Infantile Scurvy.....	479
Nephritis, Lactate of Strontium in.....	219
Nerve Symptoms with Ulner Paralysis Following Diphtheria, Sympathetic.....	273
Nervous Sequellae of Grippe.....	338
Neuritis, E. demic Infantile Multiple.....	33
Neurologist, The.....	174
Newborn, Coryza of the.....	344
Newborn, Prevention of Tetanus of.....	413
New Method of Isolating the Typhoid Bacillus.....	176
New Method of Securing Fixation of the Kidney, (Nephropexia).....	300
New Method of Treatment in Chronic and Sub-Acute Cystitis.....	220
New Postural Method of Treating Prolapsus of the Umbilical Cord.....	37
New Treatment for Tapeworm.....	368
Nitroglycerine.....	441
Non-Operative Treatment of Epithelioma.....	81
Nose, Adenoid Vegetations of.....	86
Obstruction, Treatment of Nasal Duct.....	144
Occupation-Neuroses, Pathology and Treatment of.....	369
Octogenarian Epileptic, An.....	140
Oils, Solubility of Cocaine in.....	418
Operation in Mammary Cancer, Necessity for Early.....	179
Operation? Is Exophoria Curable without.....	304
Operative Treatment of Jacksonian and Focal Epilepsy.....	442
Ophthalmia Neonatorum.....	306
Ophthalmic Practice, Formic Aldehyde or Formalin in.....	343
Optic Atrophy.....	306
Otitis Media, Alumpol in Purulent.....	481
Otitis Media Caused by the Nasal Douche, Acute.....	481
Otitis Media and Their Treatment, Staphylococcus Pyogenes in Acute and Chronic.....	416
Otitis? What Shall a General Practitioner do for an Acute.....	143
Otorrhea Frequently Cured with Trichloroacetic Acid, Chronic.....	377
Oxalic Acid in Urine, Excretion of.....	296



Ozone in Pertussis .....	414
Painless Method for Injecting Hydrocele .....	177
Paralysis as an Accident Consecutive to Anaesthesia, Radical .....	340
Paralysis, Diphtheretic .....	336
Paralysis, Pathology and Therapy of Progressive Bulbar .....	295
Passing the Catheter .....	476
Pathology and Therapy of Progressive Bulbar Paralysis .....	295
Pathology and Treatment of Occupation-neuroses .....	369
Pediatrics, A Century's Advance in .....	476
Pericarditis Cured by Open Incision .....	371
Perineum, Case of Central Laceration of .....	373
Perineum in Labor, Technics of Dilatation of .....	414
Peritonitis, Recovery from Acute General Septic .....	80
Peritonitis, Septicemic Serum in General Septic .....	274
Pernicious Anaemia, Lesions of Spinal Cord in .....	218
Pertussis, Ozone in .....	414
Pharyngitis, Chronic .....	450
Pharyngitis, Local Applications in .....	376
Phthisical Coughs, Bromoform in .....	450
Pin in Appendix .....	34
Pleurisy, Substitution of Salt Solution for Effusion in .....	340
Pneumogastric Nerves, Incessant Vomiting Treated by Faradization of .....	409
Pneumonia, Leucocytosis in .....	218
Position in Labor, Walcher's .....	82
Position, Walcher's .....	375
Positions, Cause of Fetal .....	182
Post-Mortem Caesarean Sections .....	80
Post-Partum Hemorrhage Arising from an Unusual Cause, Secondary .....	302
Posture, Relief of Tympanites by .....	220
Potassium Iodide, Simple Manner of Overcoming Catarrh Consequent on Administration of .....	85
Preparation of Cat-Gut .....	219
Prescription for Chordee .....	80
Pressure Bandage, Abortive Treatment of Bubo by the .....	369
Prevention of Tetanus .....	218
Prevention of Tetanus of Newborn .....	413
Preventive of Iodism, Chlorate of Sodium as .....	443
Prolapsus Ani .....	370
Prolapsus of Umbilical Cord, New Postural Method of Treating .....	37
Prostate, Castration for Enlarged .....	412, 443
Pseudo-Membranous Conjunctivitis Treated with Permanganate of Potassium .....	38
Puerperal Eclampsia .....	277
Puerperal Fever, Etiology of .....	177
Puerperal Fever, Serum Treatment of .....	222
Puerperal Pulmonary Thrombosis .....	374
Puerperal Sepsis .....	445
Pulmonary Thrombosis, Puerperal .....	374
Puncture of Subarachnoid Space for Diagnostic Purposes .....	298
Purulent Otitis Media, Aluminol .....	
Pyogenes in Acute and Chronic Otitis Media and their Treatment, Staphylococcus .....	416
Quinsy, Differential Diagnosis and Treatment .....	448
Radical Cure of Hernia .....	35
Radical Paralysis as an Accident Consecutive to Anaesthesia .....	340
Recovery from Acute General Septic Peritonitis .....	80
Rectal Injections, Toxins by .....	217
Recurrence of Malignant Tumors after Operation .....	33
Relief of Tympanites by Posture .....	220
Remarks upon Adenoid Vegetation .....	184
Remedy for Black Eye .....	306
Renal and Cardiac Disease, Theobromine in .....	295
Renal Stone, Variations in Pain from .....	221
Report of Fatal Case of Submammary Abscess .....	142
Report of Five Hundred Cases of Intubation of the Larynx .....	375
Resection of Hip in Coxalgia .....	372
Respiration, Laborde Method of Artificial .....	35
Respiratory Organs in Carbolic-Acid Poisoning, Changes in .....	79
Restriction of Spread of Tuberculosis .....	175
Retinal Hemorrhage Due to Violent Exercise in Bicycling, A Case of .....	84
Rheumatic Iritis .....	344
Rheumatism, Etiology of .....	297
Rheumatism, Serum Injections in Articular .....	409
Rhinitis, Treatment of Atrophic .....	86
Roentgen Rays, Foreign Body in Esophagus Located and Detected by .....	274
Rupture in Extra-Uterine Pregnancy, Early .....	474
Rupture of Uterus, An Unusual Case .....	340
Rupture of Uterus with Recovery .....	141
Saline Injections .....	441
Salt Solution for Effusion in Pleurisy, Substitution of .....	340
Saphenous Vein for Varicose Veins of the Leg, Ligation of the .....	81
Sarcoma, Erysipelatous Symptoms in .....	273
Schleich's Method of Local Anaesthesia .....	81
Scurvy, Nephritis in Infantile .....	479

Sepsis, Puerperal .....	445
Septic Peritonitis, Recovery from Acute General .....	80
Septicaemia by Anti-Streptococcic Serum, Treatment of Puerperal .....	375
Septicemic Serum in General Septic Peritonitis .....	274
Serum Injections in Articular Rheumatism .....	410
Serum-Therapy in Cancer .....	339
Serum Treatment of Puerperal Fever .....	222
Sextuplets, A Case of .....	142
Should Intra-Uterine Injections of Glycerine be Used for Induction of Labor? .....	36
Significance of Vaginal Discharges .....	79
Simple Manner of Overcoming Catarrh Consequent on Administration of Potassium Iodide .....	85
Simple Treatment of Chronic Catarrhal Deafness .....	342
Skin in Children, Gangrene of .....	416
Sodium as Preventive of Iodism, Chlorate of .....	443
Solubility of Cocaine in Oils .....	418
Spinal Cord in Pernicious Anaemia, Lesions of .....	218
Spread of Tuberculosis, Restriction of .....	175
Stabbed, A Foetus .....	411
Staphylococcus Pyogenes in Acute or Chronic Otitis Media and Their Treatment .....	416
Sterilize Instruments without Danger of Rust, To .....	411
Stomach Diseases, Test Meals in Diagnosis of .....	31
Stone in Children, Choice of Treatment of .....	82
Strabismus, Indications for and Against Operating for .....	182
Streptococcus, Landry's Paralysis Due to a .....	368
Stricture of Rectum through an Incision in Posterior Vaginal Wall, Excision of .....	34
Strontium in Nephritis, Lactate of .....	219
Subarachnoid Space for Diagnostic Purposes, Puncture of .....	298
Submammary Abscess, Report of Fatal Case of .....	142
Substitution of Salt Solution for Effusion in Pleurisy .....	340
Surgery, Kerosene in .....	274
Surgical Dressing, Asbestos as a .....	220
Surgical Treatment of Perforated Gastric Ulcers .....	371
Sympathetic Nerve Symptoms with Ulnar Paralysis Following Diphtheria .....	273
Symphysiotomy and Its After Effects with Description of New Method and Report of Five Successful Cases .....	302
Symptoms Produced by the X-Ray .....	444
Synechiae, Use of Friction in Treatment of Nasal .....	449
Tapeworm, New Treatment for .....	368
Tattooing the Cornea .....	84
Technics of Dilatation of Perineum in Labor .....	414
Teeth, Iron and the .....	32
Telephone Transmitters, Contagion in .....	449
Tendon Reflex in Typhoid Fever .....	369
Teratism, Rare Case of—Diprosopic Monstrosity .....	447
Test Meals in Diagnosis of Stomach Diseases .....	31
Tetanus of the Newborn, Prevention of .....	413
Tetanus, Prevention of .....	218
Theobromine in Renal and Cardiac Disease .....	295
Therapeutical Treatment of Persistent Headaches .....	409
Therapy of Progressive Bulbar Paralysis, Pathology and .....	295
Thrombosis, Puerperal Pulmonary .....	374
Thyroid Extract .....	440
Thyroid Gland in Severe Syphilis .....	367
Tonsillitis, Two Cases of Mycosis .....	86
Topography of Zoster, On the .....	410
Toxity of the Gastric Juice in Epileptics .....	472
Toxins by Rectal Injections .....	217
Toxines in Sarcoma, Erysipelas .....	273
Treatment, Anti-Streptococcic Serum .....	275
Treatment, Dacryocystitis and its .....	448
Treatment for Stay-at-Home, Best—Hay Fever .....	418
Treatment in Chronic and Sub-Acute Cystitis, New Method of .....	220
Treatment of Aseptic Wounds without Bandages or Dressings .....	338
Treatment of Aseptic Rhinitis .....	86
Treatment of Chorea .....	337
Treatment of Chronic Catarrhal Deafness, Simple .....	342
Treatment of Common Cold, Bicarbonate of Soda in .....	85
Treatment of Diphtheria in Private Practice, Antitoxin .....	341
Treatment of Diseases of Nasal Chambers, Irritation in .....	226
Treatment of Eclampsia .....	415
Treatment of Epithelioma, Non Operative .....	81
Treatment of Furuncles of the Lid .....	225
Treatment of Glaucoma .....	224
Treatment of Hemorrhoids, Calomel .....	413
Treatment of Intracapsular Fracture of the Femur .....	299
Treatment of Intranasal Cantharization, After .....	482
Treatment of Lightning Pains in Locomotor Ataxia .....	31
Treatment of Nasal Duct Obstruction .....	144
Treatment of Jacksonian and Focal Epilepsy, Operative .....	442
Treatment of Nasal Synechiae, Use of Friction in .....	449
Treatment of Perforated Gastric Ulcers, Surgical .....	371
Treatment of Persistent Headaches, Therapeutical .....	409



Treatment of Post-Operative Intestinal Obstruction, Massage in .....	339
Treatment of Puerperal Fever .....	222
Treatment of Puerperal Septicaemia by Anti-Streptococcic Serum .....	375
Treatment of Quinsy, Differential Diagnosis and .....	448
Treatment of Soft Chancres by Heat .....	370
Treatment of Stone in Children, Choice of .....	82
Treatment of Surgical Tuberculosis by Iodoform Injection .....	141
Treatment of Uterine Hemorrhage During Last Two Months of Pregnancy .....	83
Trichloracetic Acid, Chronic Otorrhea Frequently Cured with .....	377
Trusses .....	34
Tuberculosis, Air Insufflation in Peritoneal .....	178
Tuberculosis by Iodoform Injection, Treatment of Surgical .....	141
Tuberculosis of Human Beings and of Fowls Identical .....	474
Tuberculosis, Restriction of Spread of .....	175
Two Cases of Mycosis Tonsillaris .....	86
Tympanites by Posture, Relief of .....	220
Typhoid Bacillus, New Method of Isolating the .....	176
Typhoid Epidemic Explained, A .....	272
Typhoid Fever, Tendon Reflex in .....	369
Ulnar Paralysis Following Diphtheria, Sympathetic Nerve Symptoms with .....	273
Urine, Excretion of Oxalic Acid in .....	296
Uterine Hemorrhage During Last Two Months of Pregnancy, Treatment of .....	83
Uterine Leucorrhoea, For .....	178
Uterus and Subinvolution after Labor, Atrophic .....	276
Uterus, An Unusual Case of Rupture of .....	340
Uterus with Recovery, Rupture of .....	141
Vaginal Discharges, Significance of .....	79
Vaginitis, Blennorrhagic .....	371
Variation in Pain from Renal Stone .....	221
Varicose Veins of Leg, Ligation of Saphenous Vein for .....	81
Vaseline as a Haemostatic .....	418
Vomiting after Chloroform, Inhalation of vinegar for .....	179
Vomiting Treated by Faradization of the Pneumogastric Nerves, Incessant .....	409
Walcher's Position .....	373
Walcher's Position in Labor .....	82
What Factors are to be Regarded in Disinfection of Hand .....	301
What Shall a General Practitioner do for an Acute Otitis .....	143
Whooping Cough .....	341
Whooping Cough, Bromoform in .....	301
Zoster, On the Topography of .....	410

## BOOK REVIEWS.

American Text-Book of Obstetrics .....	307
American Text-Book of Surgery for Practitioners and Students .....	46
Claiborne's "Functional Examination of the Eye," .....	87
Gould's "American Year Book of Medicine and Surgery," .....	229
Grant's "Diagnosis and Treatment of the Rectum, Anus and Contiguous Textures," .....	227
Hibbard's "Diet for the Sick," .....	419
Honston's "Electricity in Electro Therapeutics," .....	231
Ingraham's "Don'ts for Consumptives, or the Scientific Management of Pulmonary Tuberculosis" .....	87
Jenning's "Color-Vision and Color Blindness," .....	88
King's "Medical Prescriptions," .....	145
Krieger's "Blood Serum Therapy and Antitoxins," .....	229
McFarland's "Text-Book upon the Pathogenic Bacteria," .....	228
Merk's Index, 1896 .....	229
Ostler's "Principles and Practice of Medicine," .....	44
Reed's "Report of Second Annual Meeting of American Academy of Railway Surgeons," .....	377
Savage's "New Truths in Ophthalmology," .....	309
Senn's "Principles of Surgery," .....	46
Shoemaker's "Materia Medica and Therapeutics," .....	185
Sternberg's "Immunity and Serum-Therapy," .....	40
System of Surgery, A .....	41, 344, 378
Vierordt's "Clinical Text-Book of Medical Diagnosis," .....	306

## SOCIETY PROCEEDINGS.

Delaware District Medical Society .....	23, 64, 164, 267
Indiana State Medical Society .....	201, 243, 263
Indiana State Medical Society, Officers and Committees of .....	263
Mississippi Valley Medical Association .....	289
Medico-Legal Society of Indiana .....	357
Northern Tri State Medical Association .....	289, 433
St. Joseph County Medical Society .....	26, 114
Tippecanoe County Medical Society .....	125
Upper Maumee Valley Medical Association .....	67, 120, 161, 331, 395
Whitley County Medical Society .....	264

















